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Marine Cpl. Kevin Siska of the 15th Marine Expeditionary Unit looks out the hatch of a Light Armored Vehicle (LAV) near Rutbah, in Iraq's Anbar province. *John Raughter*

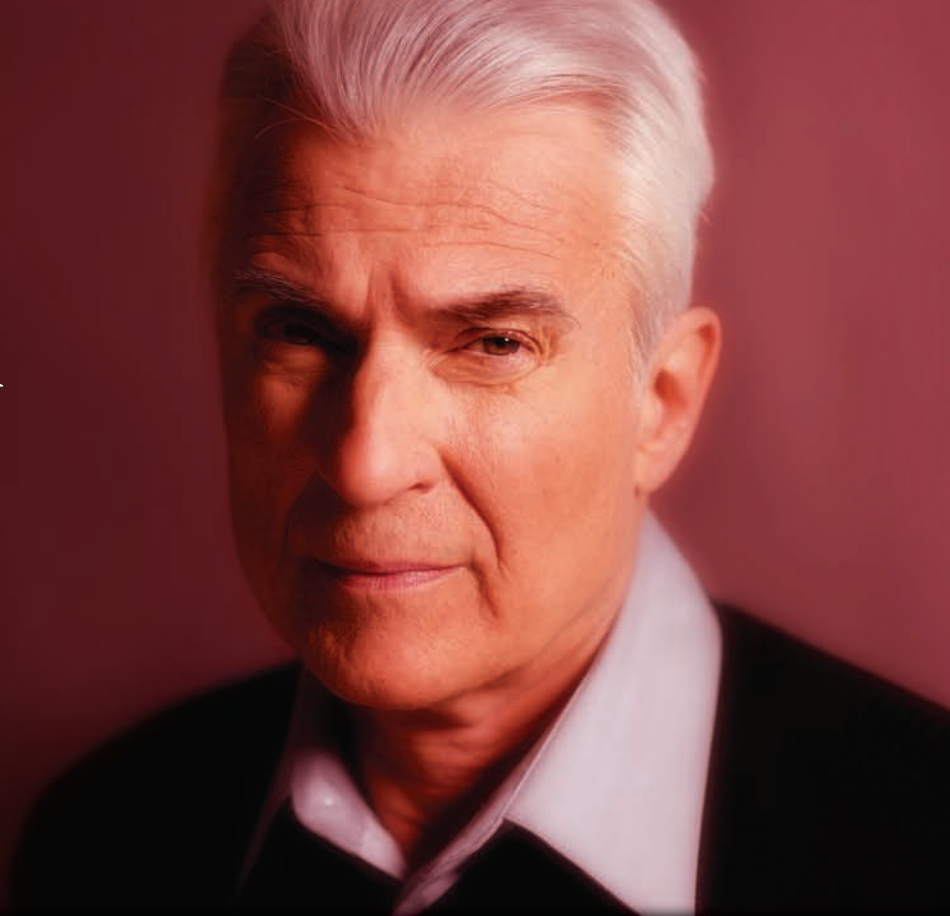
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**'Death, Not in Vain'**

We are so sorry that the Galvez family lost their son in the war on terrorism (May). What words of encouragement they offer to other parents, spouses, children and grandchildren who have lost loved ones serving in the Middle East. They are so right; we cannot leave Iraq now. Our president knows we would be placing our military personnel in danger if we have a timetable for withdrawal. The sad fact is that those who tout the bill as the only way for funding are also aware of this, yet their hatred for the president has led them to lie and to do a grave injustice to our troops. What a travesty.

— Harry and Sharon Rideout, Hermon, Maine

Bravo, Matt Grills. You have told a story that many war veterans of different eras – Vietnam mine – have known since we served all those years ago. I personally lost more than 30 of my friends, including a family member, in Vietnam. This conflict is no different. We need to stand behind our military and support them and their loved ones in this challenging time. I personally know young men in the thick of this conflict, both in Afghanistan and Iraq, and there is nothing more demoralizing to them than war protesters. America, be proud we have men and women who stand for what is right. Support them.

— Steve West, Castle Rock, Wash.

I was so moved by this article I could not sleep the night I read it. I, too, have a son in Iraq, on his second deployment. I fret over his safety and the dangers he faces every day, but

it is time more Americans support these soldiers and their families at home. I find it absolutely horrible that some would threaten to protest the funerals of fallen soldiers. How heartless are these people? Thank you, Tony and Amy Galvez, for the service and sacrifice of your son.

— Bedelia Gascho, Seymour, Tenn.

Whether Americans agree or disagree with this war is irrelevant. The reality is, right or wrong, we are in it. The only question to which they should be demanding an answer is, "What do we need to do to win it?" Our enemies have made this an ideological war that, if unchecked, will engulf the entire civilized world. Their strategic goals are clear. They will not relent until they have achieved their objective: the conversion of Western culture to Islam, or our absolute destruction.

Some mistakenly believe we can peacefully co-exist with Islamic totalitarianism, as we did with communism during the Cold War. The difference is that the Soviets knew the consequences and were unwilling to pay the price if things went too far. Islamic radicals and terrorists have no such inhibitions. Others believe that if we back off we can wait them out. The Soviet Union self-destructed because President Reagan forced it into an arms race that its economy could not support. That will not happen in this case. Unlike the Cold War, we are funding the war against ourselves. As long as our nation does business with the Middle Eastern regimes that support, aid and abet Islamic totalitarianism, we are paying the funds that buy the weapons to destroy ourselves.

— Kipp O. Miller, Manchester, Conn.

Unfortunately, this is the type of political writing that seems to dominate *The American Legion Magazine*. Matt Grills' less-than-subtle message is that if the war in Iraq doesn't end in victory, whatever that might be, Cpl. Adam Galvez died in vain. By that standard, all who died in Vietnam died in vain. Anyone who dies in the service of his country dies an honorable death, regardless of the nature of the conflict. Whether this war is just or not has no bearing on the nobility of Galvez' sacrifice. For you to insinuate otherwise is an insult to his memory and all the others who have died or been wounded for their country.

— Wayne Lannin, Port Orford, Ore.

'When Employment and Deployment Collide'

I read with interest Ken Olsen's perspective on reservists' pay problems (May). Please permit me

to offer another perspective. Put yourself in an active-duty leadership position at the battalion level or above. Your troops have deployed to Iraq or Afghanistan for the third or fourth time. Some have spent less than nine months at home and most of that in preparation for the next mission. They are soldiers 24 hours a day, and they volunteered for that. Now in Iraq, they find themselves serving side by side with reservists. Most of them have spent less time training, less time on active duty and less time in combat than your troops, but they get more money.

What a nightmare for those in leadership positions. It was bad enough in Afghanistan having to stand between unconventional forces permitted to grow beards and long hair and conventional troops required to get haircuts and shave every day. And please do not say that what soldiers get paid does not get around.

In many ways, young soldiers are no different than children on a playground. Active-duty soldiers see reservists going to the pizza wagons and buying fake Rolex watches and other trinkets at the PX. Many like to flaunt their special status and extra pay. Active-duty folks also read your magazine and articles like Olsen's. As a result, many believe it's in their financial and long-term best interests to leave active duty and join the reserves. Of course, that only leads to a call-up of more reservists.

Yes, the active-duty soldier volunteered, but so did the reservist. The life of a soldier is a sacrifice, or as Gen. Don Starry aptly put it, it demands "selfless service." Paying one segment more, especially the one that is less trained and has less experience, is a travesty.

— Charles A. Debney, Bryan, Texas

Deployed military personnel shouldn't have to worry about how they'll support their families when they return. Companies that dispose of or demote employees while they are in harm's way should be held accountable. Personally, I don't think they should be allowed to settle out of court. They should face punitive action and be taken to trial so that the public knows what they are doing to our U.S. servicemen and women.

— David L. Nunn, Frankfort, Ind.

'Fortress Under Fire'

I sincerely thank you for your article on our battle to preserve the Seventh Regiment Armory as a military facility in service to our country (May). I feel assured that other Legionnaires will understand our plight and offer their moral support to our cause. Their indignation toward the New York state government's attempt to use the armory as a cash cow will aid our cause.

— John F. McNamara, historian,
Seventh Regiment New York Post 107

The Seventh Regiment Armory's fight against eminent domain and the "war tax" that National Guardsmen and reservists face are but two examples of New York City's contempt for people serving in the U.S. military. I'd suggest going to Sen. Hillary Clinton, D-N.Y., for help, but if I remember correctly, it was her husband who "loathed" the military.

— David J. Brown, Cookeville, Tenn.

'Minimizing the Holocaust'

Thank you for the article by Alan Dershowitz (May). It is appalling that Holocaust denial has gained so much ground in this country considering all the evidence that the atrocities committed by the Nazi regime



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were real and horrific. A few years ago, I attended a Veterans Day program at a local school and struck up a conversation with a fellow veteran. I asked where he was when the war ended. He replied, "Have you ever heard of a place called Dachau?"

He is not the only one who saw the work of the Nazis. The only way to dispute the so-called research of Holocaust deniers is for everyone who witnessed the brutality of the death camps to record, in writing, their statements for their local American Legion posts. Don't allow your witness to be lost. At the rate the deniers are gaining ground, your words may be the last hope to stop their distorted and dangerous revision of history.

— Barbara Dee Duder, Washington, Iowa

I was one of several GIs who saw what Nazi Germany did to people in concentration camps. I served with the 56th Signal Battalion, 1st Army, V Corps from Omaha Beach until 1945. Our company commander sent us to see Buchenwald two days after it was found. People walking around looked like skeletons, and corpses were stacked four and five high for the furnaces. I was there. I saw it.

— Clarence Vickrey, LaBarge, Wyo.

Can I assume Norman Finkelstein, at whom Alan Dershowitz takes aim in his article, will be given equal space to respond in a future issue of your magazine? There are two sides to every issue, and to print but one reflects poorly on your integrity.

— James Miller, Downers Grove, Ill.

I am surprised and annoyed by the anti-revisionist article in the May issue. *The American Legion Magazine* should not be a vehicle for Holocaust indoctrination.

Everyone knows of the horrifying conditions of the liberated German prisoners. They were starving and near death. Yet they were alive. Why? Because the Germans weren't slaughtering prisoners. They were doing what was necessary to keep prisoners alive as their supply lines were destroyed by the Allies.

Did the International Red Cross report the exterminations and gross mistreatment of prisoners that Alan Dershowitz and others assert? No. Did Red Cross inspection teams lie about what was happening in the German prison camps? Were they prevented from inspecting areas in camps that were gassing thousands of prisoners a day or burning stacks of bodies in pits atop burning wood?

The Holocaust I learned about in the '50s was a dark time, but the hysteria against revisionism is unprecedented. It is much like the crude persecutions of those who said the world is not flat, the Inquisition, Salem and the reaction to Darwin. If Holocaust revisionism has no truth, it will bury itself.

— Michael McLaughlin, Audubon, N.J.

I rarely agree with Alan Dershowitz, but I can only thank him for writing his article. It's hard to imagine an incident so bad even Patton could not witness it. The insidiousness of Holocaust minimization is that it actually could succeed. All that

needs to happen is for good people to turn a blind eye to it. The agenda is simple: get the mainstream to acknowledge "inaccuracies" and soon they will believe it never happened. This is not a Jewish issue; it is a human issue.

— James P. Milks, Holliston, Mass.

Those who deny the Holocaust are falsifiers of history and give no honor to the victims or to the U.S. soldiers who were witnesses and liberators. We must not forget how more than 6 million died at the hands of monstrous enemies who murdered prisoners of war as well as civilians.

— Nathan Kravetz, Los Angeles

From the heart

I read the interview with Albert Fischer (Rapid Fire, May), who has been a regular whole-blood donor since 1951. When he says that every 56 days, "I donate whole pints, not just platelets," he leads the reader to believe that platelet donations fall short of whole-blood donations. In fact, it is the exact opposite. More often than not, the platelets in a whole-blood donation are taken out to be given to a patient. It takes six whole-blood donations to equal the donation of one platelet donor. It is not unusual, in fact, for one platelet donor to donate the amount of platelets that it would take 12 regular whole-blood donors to give.

This is not to argue Fischer's great contribution. All blood banks across the nation need more dedicated donors like him.

— Charles R. Dowd, Olympia, Wash.

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COREG CR is contraindicated in patients with hypersensitivity to any component of the product.

WARNINGS

Cessation of Therapy with COREG CR: Patients with coronary artery disease, who are being treated with COREG CR, should be advised against abrupt discontinuation of therapy. Severe exacerbation of angina and the occurrence of myocardial infarction and ventricular arrhythmias have been reported in angina patients following the discontinuation of therapy with β -blockers. The last 2 complications may occur with or without preceding exacerbation of the angina pectoris. As with other β -blockers, when discontinuation of COREG CR is planned, the patients should be carefully observed and advised to limit physical activity to a minimum. COREG CR should be discontinued over 1 to 2 weeks whenever possible. If the angina worsens or acute coronary insufficiency develops, it is recommended that COREG CR be promptly reinitiated. If severe angina or because coronary artery disease is confirmed and cannot be unrecognized, it may be prudent not to discontinue COREG CR therapy abruptly even in patients treated only for hypertension or heart failure (see DOSAGE AND ADMINISTRATION in the full prescribing information).

Peripheral Vascular Disease: β -blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals.

Anesthesia and Major Surgery: If treatment with COREG CR is to be continued perioperatively, particular care should be taken when anesthetic agents which depress myocardial function, such as ether, cyclopropane, and trichloroethylene, are used. See OVERDOSAGE (in the full prescribing information) for information on treatment of bradycardia and hypotension.

Diabetes and Hypoglycemia: In general, β -blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia. Nonspecific β -blockers may potentiate insulin-induced hypoglycemia and delay recovery of serum glucose levels. Patients subject to spontaneous hypoglycemia, or diabetic patients receiving insulin or oral hypoglycemic agents, should be cautioned about these possibilities. In heart failure patients, there is a risk of worsening hypoglycemia (see PRECAUTIONS, Effects on Glycemic Control in Type 2 Diabetic Patients).

Thyrototoxicosis: β -adrenergic blockade may mask clinical signs of hyperthyroidism, such as tachycardia. Abrupt withdrawal of β -blockade may be followed by an exacerbation of the symptoms of hyperthyroidism or may precipitate thyroid storm.

PRECAUTIONS

General: In clinical trials of COREG CR in patients with hypertension (338 subjects) and in patients with left ventricular dysfunction following a myocardial infarction or heart failure (30 subjects), similar adverse events with carvedilol phosphate were generally similar to that observed with the administration of immediate-release carvedilol. Therefore, the information included within this section is based on data from controlled clinical trials with COREG CR as well as immediate-release carvedilol.

In clinical trials with immediate-release carvedilol, bradycardia was reported in about 2% of hypertensive patients, 5% of heart failure patients, and 6.5% of myocardial infarction patients with left ventricular dysfunction. Bradycardia was reported in 0.5% of patients receiving COREG CR in a study of heart failure patients and myocardial infarction patients with left ventricular dysfunction. There were no reports of bradycardia in the clinical trial of COREG CR in hypertension. However, if pulse rate drops below 55 beats/minute, the dosage of COREG CR should be reduced.

In clinical trials of primarily mild-to-moderate heart failure with immediate-release carvedilol, hypertension and postural hypertension occurred in 9.7% and syncope in 3.4% of patients receiving carvedilol compared to 3.6% and 2.5% of placebo patients, respectively. The risk for these events was highest during the first 30 days of dosing, corresponding with the up-titration period. The incidence of discontinuation due to hypertension was 0.7% of carvedilol patients, compared to 0.4% of placebo patients. In a long-term, placebo-controlled trial in severe heart failure (COPERNICUS), hypertension and postural hypertension occurred in 15.1% and syncope in 2.9% of heart failure patients receiving carvedilol compared to 8.7% and 2.3% of placebo patients, respectively. These events were a cause for discontinuation of therapy in 1.1% of carvedilol patients, compared to 0.8% of placebo patients. In the clinical trial of COREG CR in hypertensive patients, syncope was reported in 0.3% of patients receiving COREG CR compared to 0% of patients receiving placebo. There were no reports of postural hypertension in this trial. Postural hypertension occurred in 1.8% and syncope in 0.1% of hypertensive patients receiving immediate-release carvedilol, primarily following the initial dose or at the time of dose increase and was a cause for discontinuation of therapy in 1% of patients.

In the CAPRICORN study of survivors of an acute myocardial infarction with left ventricular dysfunction, hypertension or postural hypertension occurred in 20.2% of patients receiving carvedilol compared to 12.6% of placebo patients. Syncope was reported in 3.9% and 1.5% of patients, respectively. These events were a cause for discontinuation of therapy in 2.5% of patients receiving carvedilol, compared to 0.2% of placebo patients.

To decrease the likelihood of syncope or excessive hypotension, treatment with COREG CR should be initiated with 10 mg once daily for heart failure patients, and at 20 mg once daily for hypertensive patients and survivors of an acute myocardial infarction with left ventricular dysfunction. Dose should then be increased slowly, according to tolerability and response. In the full prescribing information, see DOSAGE AND ADMINISTRATION section. If the full prescribing information, the drug should be taken with food. During initiation of therapy, the patient should be cautioned to avoid situations such as driving or hazardous tasks, where injury could result should syncope occur.

Rarely, use of carvedilol in patients with heart failure has resulted in deterioration of renal function. Patients at risk appear to be those with low blood pressure (systolic blood pressure <100 mm Hg), renal insufficiency, or decreased renal function. In such patients, it is recommended that renal function be monitored during up-titration of COREG CR and the drug discontinued or dosage reduced if worsening of renal function occurs.

Worsening heart failure or fluid retention may occur during up-titration of carvedilol. If such symptoms occur, diuretics should be increased and the dose of COREG CR should not be advanced until clinical stability is achieved. See DOSAGE AND ADMINISTRATION in the full prescribing information. If necessary, it is recommended to lower the dose of COREG CR or temporarily discontinue it. Such episodes do not preclude subsequent successful titration of, or a favorable response to, COREG CR. In a placebo-controlled trial in patients with severe heart failure, worsening heart failure during the first 3 months was reported to a similar degree with immediate-release carvedilol and with placebo. When treatment was maintained beyond 3 months, patients receiving carvedilol had fewer hospitalizations and fewer deaths than placebo. Worsening heart failure observed during long-term therapy is more likely to be related to the patients' underlying disease than to treatment with carvedilol.

In patients with phlebotomy, an on-blockage agent should be initiated prior to the use of any β -blocking agent. Although carvedilol has both α - and β -blocking pharmacologic activities, there has been no experience with its use in this condition. Therefore, caution should be taken in the administration of COREG CR to patients suspected of having phlebotomy or phlebotomy.

Agents with non-selective β -blocking activity may provoke chest pain in patients with Prinzmetal's variant angina. There has been no clinical experience with carvedilol in these patients although the α -blocking activity may prevent such symptoms. However, caution should be taken in the administration of COREG CR to patients suspected of having Prinzmetal's variant angina.

Effects on Glycemic Control in Type 2 Diabetic Patients: In heart failure patients with diabetes, carvedilol therapy may lead to worsening hypoglycemia, which responds to intensification of hypoglycemic therapy. It is recommended that blood glucose be monitored when dosing with COREG CR is initiated, adjusted, or discontinued. Studies designed to examine the effects of carvedilol on glycemic control in patients with diabetes and heart failure have not been conducted.

In a study designed to examine the effects of immediate-release carvedilol on glycemic control in a population with mild-to-moderate hypertension and well-controlled type 2 diabetes mellitus, carvedilol had no adverse effect on glycemic control, based on HbA_{1c} measurements (see CLINICAL TRIALS, Hypertensive Patients With Type 2 Diabetes Mellitus [GEMIN] in the full prescribing information).

Risk of Anaphylactic Reaction: While taking β -blockers, patients with a history of severe anaphylactic reaction to a variety of allergens may be more reactive to repeated challenge of an identical, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction.

Nasopharyngeal Bronchospasm (e.g., chronic bronchitis and emphysema): Patients with bronchospastic diseases, or patients not receiving β -blockers, COREG CR may be used with caution, however, it is not recommended to use COREG CR in patients with severe bronchospasm. If it is prudent, if COREG CR is used, to use the smallest effective dose, so that inhibition of endogenous or exogenous β -agonists is minimized.

In clinical trials of patients with heart failure, patients with bronchospastic disease were enrolled if they did not require oral or inhaled medication to treat their bronchospastic disease. In such patients, there was no evidence of increased risk of bronchospasm. If the use with caution, the dose recommendations should be followed closely and the dose should be lowered if any evidence of bronchospasm is observed during up-titration.

Information for Patients: Patients taking COREG CR should be advised of the following:

- They should not interrupt or discontinue using COREG CR without a physician's advice.
- They should consult their physician if they experience signs or symptoms of worsening heart failure such as weight gain or increasing shortness of breath.
- They may experience a drop in blood pressure when standing, resulting in dizziness, lightheadedness, fainting, falling, or feeling dizzy or lightheaded when these symptoms of lowered blood pressure occur.
- Patients experience dizziness or fatigue, they should avoid driving or hazardous tasks.
- They should consult a physician if they experience difficulty swallowing, chest pain, or difficulty breathing.
- They should not crush or chew COREG CR capsules.
- They should take COREG CR with food.
- They should separate the administration of COREG CR from alcohol consumption (including prescription and over-the-counter medications that contain ethanol) by at least 2 hours.
- Diabetic patients should report any changes in blood sugar levels to their physician.
- Contact lens wearers may experience decreased lacrimation.

Drug Interactions: (Also see CLINICAL PHARMACOLOGY, Pharmacokinetic Drug-Drug Interactions in the full prescribing information.)

Alcohol: Concomitant administration of COREG CR with alcohol may affect the modified release properties of carvedilol phosphate. To avoid the potential for this interaction, the administration of COREG CR with alcohol (including prescription and over-the-counter medications that contain ethanol) should be separated by at least 2 hours. COREG CR should be taken in the morning with food. (See DOSAGE AND ADMINISTRATION in the full prescribing information.)

Inhibitors of CYP2D6: poor metabolizers of debrisoquine; Interactions of carvedilol with strong inhibitors of CYP2D6 (such as quinidine, fluoxetine, paroxetine, and propafenone) have not been studied, but these drugs would be expected to increase blood levels of the R(-) enantiomer of carvedilol (see CLINICAL PHARMACOLOGY in the full prescribing information). Retrospective analysis of side effects in clinical trials showed that poor CYP2D6 metabolizers had a higher rate of dizziness during up-titration, presumably resulting from metabolizing effects of the R(-) enantiomer of carvedilol.

Catecholamine-depleting agents: Patients taking both α - and β -blocking agents and a drug that can deplete catecholamines (e.g., reserpine and monamine oxidase inhibitors) should be observed closely for signs of hypotension and/or severe bradycardia.

Clonidine: Concomitant administration of clonidine with agents with β -blocking properties may potentiate blood-pressure- and heart-rate-lowering effects. When concomitant treatment with agents with β -blocking properties and clonidine is to be terminated, the β -blocking agent should be discontinued first. Clonidine therapy can then be discontinued several days later by gradually decreasing the dosage.

Cyclopropane: Most increases in mean 30-hour cyclopropane concentrations were observed following initiation of carvedilol treatment in 21 renal transplant patients suffering from chronic vascular rejection. In about 30% of patients, the dose of cyclopropane had to be reduced in order to maintain cyclopropane concentrations within the therapeutic range. In the remainder of patients, the dose of cyclopropane was increased. Due to the variability of cyclopropane concentrations, the dose of cyclopropane should be adjusted according to the results of cyclopropane concentration measurements. In patients with cyclopropane concentrations, it is recommended that cyclopropane concentrations be monitored closely after initiation of carvedilol therapy and that the dose of cyclopropane be adjusted as appropriate.

Digoxin: Digoxin concentrations are increased by about 15% when digoxin and carvedilol are administered concomitantly. Both increased and decreased AV conduction. Therefore, increased monitoring of digoxin is recommended when initiating, adjusting, or discontinuing COREG CR.

Inducers and inhibitors of hepatic metabolism: Rifampin reduced plasma concentrations of carvedilol by about 70%. Cimetidine increased AUC by about 30% but caused no change in C_{max}.

Calcium channel blockers: Isolated cases of conduction disturbance (rarely with hemodynamic compromise) have been observed when carvedilol is co-administered with diltiazem. As with other agents with β -blocking properties, if COREG CR is to be administered orally with calcium channel blockers of the verapamil or diltiazem type, it is recommended that ECG and blood pressure be monitored.

Insulin or oral hypoglycemics: Agents with β -blocking properties may enhance the blood-sugar-reducing effect of insulin and oral hypoglycemics. Therefore, in patients taking insulin or oral hypoglycemics, regular monitoring of blood glucose is recommended.

Low Pump Inhibitors: In patients with heart failure, concomitant administration of carvedilol extended-release capsules with pantoprazole may increase the risk of hypotension.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In 2-year studies conducted in rats given carvedilol at doses up to 75 mg/kg/day (12 times the maximum recommended human dose [MRHD]) when compared to a β -blocker basis or in mice given up to 200 mg/kg/day (16 times the MRHD on a mg/m² basis), carvedilol had no carcinogenic effect.

Carvedilol was negative when tested in a battery of genotoxicity assays, including the Ames and the CHO/HGPRT assays for mutagenicity and the in vitro hamster micronucleus and in vivo human lymphocyte cell tests for clastogenicity.

At doses ≥ 200 mg/kg/day (≥ 32 times the MRHD as mg/m²) carvedilol was toxic to adult rats (sedation, reduced weight gain) and was associated with a reduced number of successful matings, prolonged mating time, significantly fewer corpora lutea and implants per mate, and complete resorption of 18% of the litters. The no observed-effect dose was found for overt toxicity and impairment of fertility was 50 mg/kg/day (10 times the MRHD as mg/m²).

Reproductive Toxicology: Carvedilol was administered to pregnant rats and rabbits given carvedilol revealed increased post-implantation loss in rats at doses of 300 mg/kg/day (50 times the MRHD as mg/m²) and in rabbits at doses of 75 mg/kg/day (25 times the MRHD as mg/m²). In the rats, there was also a decrease in fetal body weight at the maternally toxic dose of 300 mg/kg/day (50 times the MRHD as mg/m²), which was accompanied by an elevation in the frequency of fetuses with delayed weight at the developmental (internal) dose of 75 mg/kg/day (25 times the MRHD as mg/m²). In the rabbits, there was no observed effect on the frequency of fetuses with delayed weight at the maternally toxic dose of 300 mg/kg/day (50 times the MRHD as mg/m²). These data are used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Studies in rats have shown that carvedilol and/or its metabolites (as well as other β -blockers) cross the placental barrier and are excreted in breast milk. There is increased mortality at one week post partum in neonates from rats treated with 50 mg/kg/day (10 times the MRHD as mg/m²) and above during the last trimester through day 22 of lactation. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from β -blockers, especially bradycardia, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. The effects of α - and β -blockers on nursing infants are not well understood and may include potential and neonatal distress.

Pediatric Use: Safety and efficacy of carvedilol in patients younger than 18 years of age have not been established.

Geriatric Use: The clinical studies of carvedilol in patients with hypertension, heart failure, and left ventricular dysfunction following myocardial infarction did not include sufficient numbers of subjects 65 years of age or older to determine whether they respond differently from younger patients.

The following information is available for trials of immediate-release carvedilol: Of the 765 patients with heart failure randomized to carvedilol in US clinical trials, 31% (25%) were 65 years of age or older, and 2.7% (56) were 75 years of age or older. Of the 1,156 patients randomized to carvedilol in a long-term, placebo-controlled trial in severe heart failure, 10% (47) were 65 years of age or older, and 1.5% (174) were 75 years of age or older. Of 3,025 patients receiving carvedilol in heart failure trials worldwide, 42% were 65 years of age or older. Of the 5,975 myocardial infarction patients randomized to carvedilol in the CAPRICORN trial, 48% (48%) were 65 years of age or older, and 11% (111) were 75 years of age or older. Of the 1,156 patients randomized to carvedilol in the CAPRICORN trial, 48% (48%) were 65 years of age or older, and 11% (111) were 75 years of age or older. Of 3,722 patients receiving immediate-release carvedilol in hypertension clinical trials conducted worldwide, 24% were 65 years of age or older.

With the exception of dizziness in hypertensive patients (incidence 8.8% in the elderly vs. 6% in younger patients), no overall differences in the safety or effectiveness (see Figures 2 and 4 in the full prescribing information) were observed between the older subjects and younger subjects in each of these populations. Similarly, other reported clinical experiences have not identified any differences in responses between the elderly and younger subjects, but greater sensitivity of some older individuals cannot be ruled out.

OVERDOSAGE

Carvedilol has been evaluated for safety in patients with heart failure (mild, moderate, and severe heart failure), in patients with left ventricular dysfunction following myocardial infarction, and in hypertensive patients. The observed adverse event profile was consistent with the pharmacology of the drug and the health status of the patients in the clinical trials. Adverse events reported for each of these patient populations reflecting the use of either COREG CR or immediate-release carvedilol are provided below. Excluded are adverse events considered too general to be informative, and those not directly associated with the use of the drug because they were associated with the condition being

BRIEF SUMMARY

treated or are very common in the treated population. Rates of adverse events were generally similar across demographic subsets (men and women, elderly and non-elderly, black and non-black). COREG CR has been evaluated for safety in a 4-week (2 weeks of immediate-release carvedilol and 2 weeks of COREG CR) clinical trial (n = 187) which included 157 patients with stable mild, moderate, or severe chronic heart failure and 30 patients with left ventricular dysfunction following acute myocardial infarction. The profile of adverse events observed with COREG CR in this short-term study was generally similar to that observed with immediate-release carvedilol. Differences in safety would not be expected based on the similarity in plasma levels for COREG CR and immediate-release carvedilol.

Heart Failure: The following information describes the safety experience in heart failure with immediate-release carvedilol.

Carvedilol has been evaluated for safety in heart failure in more than 4,500 patients worldwide of whom more than 1,200 participated in placebo-controlled clinical trials. Approximately 60% of the total treated population in placebo-controlled clinical trials received carvedilol for at least 6 months and 30% received carvedilol for at least 12 months. In the CAPRICORN trial, 1,511 patients with mild-to-moderate heart failure were treated with carvedilol for up to 5.5 years (mean 4.3 years). Both in US clinical trials in mild-to-moderate heart failure that compared carvedilol in daily doses up to 100 mg to 50 mg (n = 765) to placebo (n = 437), and in a multinational clinical trial in severe heart failure (COPERNICUS) that compared carvedilol in daily doses up to 50 mg to 1.156 with placebo (n = 1,133), discontinuation rates for adverse experiences were similar in carvedilol and placebo patients. In placebo-controlled clinical trials, the only cause of discontinuation > 1%, and occurring more often on carvedilol was dizziness (1.3% on carvedilol, 0.6% on placebo in the COPERNICUS trial).

Table 1 shows adverse events reported in patients with mild-to-moderate heart failure enrolled in US placebo-controlled clinical trials, and with severe heart failure enrolled in the COPERNICUS trial. Shown are adverse events that occurred more frequently in drug-treated patients compared to placebo-treated patients with an incidence of $\geq 3\%$ in patients treated with carvedilol regardless of causality. Median study medication exposure was 5.3 months for both carvedilol and placebo patients in the trials of mild-to-moderate heart failure, and 10.4 months in the trial of severe heart failure patients. The adverse event profile of carvedilol observed in the long-term COMET study was generally similar to that observed in the US Heart Failure Trials.

Table 1. Adverse Events (% Occurrence) Occurring More Frequently With Immediate-Release Carvedilol Than With Placebo in Patients With Mild-to-Moderate Heart Failure Enrolled in US Heart Failure Trials or in Patients With Severe Heart Failure in the COPERNICUS Trial (Incidence $\geq 3\%$ in Patients Treated With Carvedilol, Regardless of Causality)

	Mild-to-Moderate Heart Failure		Severe Heart Failure	
	Carvedilol (n = 765)	Placebo (n = 437)	Carvedilol (n = 1,156)	Placebo (n = 1,133)
Body as a Whole				
Headache	7	7	11	9
Dizziness	24	22	-	-
Fatigue level increased	5	4	2	4
Edema generalized	5	3	6	5
Edema dependent	4	2	-	-
Cardiovascular				
Bradycardia	9	1	10	8
Hypotension	9	3	14	3
Syncope	3	2	8	3
Angina pectoris	2	3	6	4
Central Nervous System				
Dizziness	28	19	24	17
Headache	8	7	5	3
Gastrointestinal				
Diarrhea	12	6	5	3
Nausea	6	5	4	3
Constipation	6	4	4	3
Vomiting	6	4	1	2
Metabolic				
Hypoglycemia	12	8	5	3
Weight increase	10	7	12	11
BUN increased	5	5	5	5
NPN increased	6	5	-	-
Hypercholesterolemia	4	3	1	1
Edema peripheral	2	1	7	6
Musculoskeletal				
Arthralgia	6	5	1	1
Respiratory				
Cough increased	8	9	5	3
Rales	4	4	4	2
Vision				
Vision abnormal	5	2	-	-

Cardiac failure and dyspnea were also reported in these studies, but the rates were equal or greater in patients who received placebo.

The following adverse events were reported with a frequency of $\geq 1\%$ but $\leq 3\%$ and more frequently with carvedilol in either the US placebo-controlled trials in patients with mild-to-moderate heart failure, or in patients with severe heart failure in the COPERNICUS trial.

Incidence $\geq 1\%$ to $\leq 3\%$

Body as a Whole: Allergy, malaise, hypotension, fever, leg edema.
Cardiovascular: Fluid overload, postural hypotension, aggravated angina, AV block, palpitation, hypertension.
Central and Peripheral Nervous System: Hypertension, vertigo, paresthesia.
Gastrointestinal: Nausea, pericarditis.
Liver and Biliary System: SGPT increased, SGOT increased.
Metabolic and Nutritional: Hyperuricemia, hypoglycemia, hypotension, increased alkaline phosphatase, glycosuria, hypervolemia, diabetes mellitus, GGT increased, weight loss, hypokalemia, hypomagnesemia, hypophosphatemia, hypocalcemia, hypoproteinemia, increased creatinine.
Musculoskeletal: Muscle cramps.
Platelet, Bleeding and Clotting: Prothrombin decreased, purpura, thrombocytopenia.
Respiratory: Cough increased.
Reproductive, male: Impotence.
Special Senses: Blurred vision.
Urinary System: Renal insufficiency, albuminuria, hematuria.

Left Ventricular Dysfunction Following Myocardial Infarction: The following information describes the safety experience in left ventricular dysfunction following acute myocardial infarction with immediate-release carvedilol.

Carvedilol has been evaluated for safety in survivors of an acute myocardial infarction with left ventricular dysfunction in the CAPRICORN trial which involved 969 patients who received carvedilol or placebo. Approximately 75% of the patients received carvedilol for at least 6 months and 43% received carvedilol for at least 12 months. Patients were treated for an average of 12.9 months and 12.8 months with carvedilol and placebo, respectively.

The most common adverse events reported with carvedilol in the CAPRICORN trial were consistent with the profile of the drug in the US heart failure trials and the COPERNICUS trial. The only additional adverse events reported in CAPRICORN in $\geq 3\%$ of the patients and more commonly on carvedilol were dyspnea, angina, and lung edema. The following table shows adverse events, discontinuations were more common in the carvedilol group for postural hypotension (1% vs. 0). The overall incidence of adverse events in US placebo-controlled trials was found to increase with increasing dose of carvedilol. For individual adverse events this could only be distinguished for dizziness, which increased in frequency from 2% to 5% as total daily dose increased from 6.25 mg to 50 mg as single or divided doses.

Hypertension: COREG CR was evaluated for safety in an 8-week double-blind trial in 337 subjects with essential hypertension. The profile of adverse events observed with COREG CR was generally similar to that observed with immediate-release carvedilol. The overall rates of discontinuations due to adverse events were similar between patients treated with COREG CR and placebo.

The following adverse events occurred more frequently in patients with essential hypertension who were treated with COREG CR, n = 253, (incidence $\geq 2\%$ in patients treated with carvedilol, regardless of causality) during this 8-week trial than in placebo-treated patients (n = 84), respectively: Nasopharyngitis (4% vs. 0%), dizziness (2% vs. 1%), rascals (2% vs. 0%), edema peripheral (2% vs. 1%), nasal congestion (1% vs. 0%), paresthesia (1% vs. 0%), sinus tachycardia (1% vs. 0%), diarrhea (1% vs. 0%), and insomnia (1% vs. 0%).

The following information describes the safety experience in hypertension with immediate-release carvedilol.

Carvedilol has been evaluated for safety in hypertension in more than 2,133 patients in US clinical trials and in 2,976 patients in international clinical trials. Approximately 36% of the total treated population received carvedilol for at least 6 months. In general, carvedilol was well tolerated at doses up to 50 mg daily. Most adverse events reported during carvedilol therapy were mild to moderate severity. In US controlled clinical trials directly comparing carvedilol monotherapy in doses up to 50 mg (n = 1,427) to placebo (n = 462), 4.9% of carvedilol patients discontinued for adverse events vs. 5.2% of placebo patients. Although there was no overall difference in discontinuation rates, discontinuations were more common in the carvedilol group for postural hypotension (1% vs. 0). The overall incidence of adverse events in US placebo-controlled trials was found to increase with increasing dose of carvedilol. For individual adverse events this could only be distinguished for dizziness, which increased in frequency from 2% to 5% as total daily dose increased from 6.25 mg to 50 mg as single or divided doses.

The following adverse events occurred in US placebo-controlled clinical trials for hypertension with carvedilol with an incidence of $\geq 1\%$ regardless of causality, and were more frequent in carvedilol-treated patients than placebo-treated patients, respectively: Bradycardia (2% vs. 1%), postural hypotension (2% vs. 1%), dizziness (8% vs. 5%), isomnia (2% vs. 1%), diarrhea (2% vs. 1%), thrombocytopenia (1% vs. 1%), hypertriglyceridemia (1% vs. 1%), hyperglycemia (1% vs. 1%). These are events with rates $\geq 1\%$ to the nearest integer.

Dyspnea and fatigue were also reported in these studies, but the rates were equal or greater in patients who received placebo.

The following adverse events not described above were reported as possibly or probably related to carvedilol in worldwide open or controlled trials with carvedilol in patients with hypertension or heart failure.

Incidence $\geq 0.1\%$ to $\leq 1\%$

Cardiovascular: Peripheral ischemia, tachycardia.
Central and Peripheral Nervous System: Hypokinesia.
Gastrointestinal: Bitterness, increased hepatic enzymes (0.2% of hypertension patients and 0.4% of heart failure patients were discontinued from therapy because of increases in hepatic enzymes; see Laboratory Abnormalities in the full prescribing information).
Psychiatric: Nervousness, sleep disorder, aggravated depression, impaired concentration, abnormal thinking, paranoia, emotional lability.
Respiratory System: Asthma (see CONTRAINDICATIONS).
Reproductive, male: Decreased libido.
Skin and Appendages: Pruritus, rash erythematous, rash maculopapular, rash psoriasisform, photosensitivity reaction.
Special Senses: Tinnitus.
Urinary System: Micturition frequency increased.
Autonomic Nervous System: Dry mouth, sweating increased.
Metabolic and Nutritional: Hypokalemia, hypertyperglycemia.
Hematologic: Anemia, leukopenia.

The following events were reported in $\leq 0.1\%$ of patients and are potentially important: Complete AV block, bundle branch block, myocardial ischemia, cerebrovascular disorder, convulsions, migraine, neuralgia, paresis, anaphylactoid reaction, alopecia, exfoliative dermatitis, amnesia, GI hemorrhage, bronchospasm, pulmonary edema, decreased hearing, respiratory alkalosis, increased BUN, decreased Hb, pancytopenia, and atypical pneumonia.

Laboratory Abnormalities: Reversible elevations in serum transaminases (ALT or AST) have been observed during treatment with carvedilol. Rates of transaminase elevations (2-3 times the upper limit of normal) observed during controlled clinical trials have generally been similar between patients treated with carvedilol and those treated with placebo. However, transaminase elevations, confirmed by rechallenge, have been observed with carvedilol. In a long-term, placebo-controlled trial in severe heart failure, patients treated with carvedilol had lower values for aspartate transaminase than patients treated with placebo, possibly because carvedilol-induced increases in cardiac function led to less hepatic congestion and/or improved hepatic blood flow.

Carvedilol therapy has not been associated with clinically significant changes in serum potassium, total triglycerides, total cholesterol, HDL cholesterol, acid blood urea nitrogen, or creatinine. No clinically relevant changes were noted in fasting serum glucose in hypertensive patients; fasting serum glucose was not evaluated in the heart failure clinical trials.

Postmarketing Experience: Reports of aplastic anemia and severe skin reactions (Stevens-Johnson syndrome, toxic epidermal necrolysis, and erythema multiforme) have been rare and received only when carvedilol was administered concomitantly with other medications associated with such reactions. Urinary incontinence in women (which resolved upon discontinuation of the medication) and interstitial pneumonitis have been reported rarely.

OVERDOSAGE

The acute oral LD50 doses in male and female mice and male and female rats are over 6,000 mg/kg. Overdosage may cause severe hypotension, bradycardia, cardiac insufficiency, cardiogenic shock, and cardiac arrest. Respiratory problems, bronchospasms, vomiting, lapses of consciousness, and generalized seizures may also occur.

The patient should be placed in a supine position and, where necessary, kept under observation and treated under intensive care conditions. Gastric lavage or pharmacologically induced emesis may be used shortly after ingestion. The following agents may be administered:

• For severe bradycardia: atropine, 2 mg IV.

• To support cardiovascular function: glucose, 5 to 10 g IV rapidly over 30 seconds, followed by a continuous infusion of 5 mg/hour; sympathomimetics (dobutamine, isoproterenol, adrenaline) at doses according to body weight and effect.

If peripheral vasodilation dominates, it may be necessary to administer adrenaline or norepinephrine with continuous monitoring of circulatory conditions. For therapy-resistant bradycardia, pacemaker therapy should be performed. For bronchospasm, β -

Veterans deserve better than rations

The backlog of pending Veterans Benefits Administration claims and appeals has swollen to nearly 800,000, leaving thousands of disabled veterans separated from relief they earned and are due. The American Legion's National Executive Committee has authorized suing VA, if necessary, to reverse the trend. The reason usually given for the logjam and delays is that VBA lacks the staff to handle the workload. Here's a thought: hire more people, and get the work done.

To veterans, it's a familiar condition. In many parts of the country, VA patients are forced to wait 18 months or more for surgery in understaffed VA hospitals. Throughout America, veterans can't get timely appointments. Parking spaces are even rationed to control daily patient loads. The suspension of Priority Group 8 veterans – some of whom have incomes so low they can't cover copayments for medicine – appears indefinite, if not permanent, as more and more combat veterans from Iraq and Afghanistan enter the system and can't believe lagging women's health-care services and, with all we know about post-traumatic stress disorder, why mental health patients are asked to take a number.

Congress is again seeking refuge in the private-sector antidote, which reports have shown will drive up cost, reduce quality and deny the reality that veterans have unique conditions related to military service.

The problem is simple. VA health-care funding is doled out not according to veteran needs but according to government willingness to pay.

That is why the long-term care objectives of the Veterans Millennium Health Care Act have gone largely unmet eight years after it was enacted. That is why VA construction funds in under-served areas have moved at a glacier's pace since the Capital Asset Realignment for Enhanced Services decision was released in 2004. It is why VA emergency rooms are closing their doors at the end of the day.

I recently went to Manchester, N.H., where services have been so reduced that it's now little more than a glorified outpatient clinic and nursing home. The director was unavailable when I went to learn more. Veterans told me they were being sent to Vermont and Massachusetts for care they used to receive locally. One complained of the change from a 24-hour emergency room to an "urgent-care center" with limited hours. Veterans arriving by ambulance are not accepted. They are "diverted" to other hospitals and later receive devastating bills if they don't meet new criteria. VA's current emergency-room policies do nothing to improve care for veterans. They are driven by budget rations.

We can tolerate no more rationing. No more un-built hospitals in places like hurricane-hammered New Orleans and overcrowded Orlando and Denver. The government has a moral and statutory obligation to prepare accessible places of quality care for all veterans who are eligible under the law for VA services and benefits. It is not discretionary. Therefore, funding must be mandatory. It is that simple.

Members of the 110th Congress who campaigned on promises of vast improvements for veterans – controlling the claims backlog and properly funding VA health care – have a great deal of work to do if they want to prove their words were any better than those of their predecessors. It is our job to let them know America's veterans deserve better than government rations.




National Commander
Paul A. Morin

MEMORANDA

BOYS NATION Future leaders of America gather in Washington July 20-28 for The American Legion Boys Nation. The weeklong citizenship and government program that began in 1946 has inspired public servants and officeholders all the way to the presidency. For more information about the program, contact The American Legion Americanism/Children & Youth Division, P.O. Box 1055, Indianapolis, IN 46206 or acy@legion.org by e-mail. Visit the Boys Nation Web site. www.legion.org

A MUSICAL TRIBUTE Country music singer Michael Peterson's DVD collaboration with The American Legion – featuring the song "It's Who We Are," a tribute to The American Legion – is expected to be released at the 2007 National Convention in Reno, Nev. Visit the musician's Web site. www.michaelpetersonmusic.com Check the Legion Web site for updated ordering information as it becomes available. www.legion.org

Increased federal minimum wage


YES
Rep. George Miller, D-Calif.

■ Miller is chairman of the House Education and Labor Committee.

Since 1997, the national minimum wage has been frozen at just \$5.15 per hour. Of course, the prices of life's basic necessities haven't been frozen since 1997 – not even close. Today, a worker earning the minimum wage has to work for the better part of an hour just to pay for a gallon of milk or gas.

No matter where in the United States you live, you simply can't make ends meet on \$5.15 per hour. That's why it's long past time for Congress to raise the minimum wage.

Earlier this year, at the start of the new Congress, both the House and Senate approved legislation to increase the minimum wage by \$2.10 to \$7.25 per hour. There were some hurdles before this legislation became law, but our lowest-paid workers will now get relief.

This raise will make a real and critical difference. For a family of three, the increased minimum wage will mean an additional \$4,400 a year, enough to pay for 15 months worth of groceries.

Thirteen million Americans – 5.6 million directly and 7.4 million indirectly – will benefit from an increase in the federal minimum wage. Almost half of all families with children in this category rely solely on the earnings of a minimum-wage worker.

The economy as a whole will benefit. When you give workers a raise, particularly the lowest-income workers, they spend that money on necessities, and that helps the overall economy grow. In fact, a recent study found that states with a higher minimum wage than the federal level have higher job growth than states that have not set their own minimum wages higher than \$5.15.

The past decade has been the longest period without a minimum-wage increase since 1938. These workers urgently need a raise.


NO
Sen. Jim DeMint, R-S.C.

■ DeMint is a member of the Joint Economic Committee.

The American dream is the same today as it has always been. As Americans, we believe in the power of individuals. We believe that here in the land of the free, hardworking people still can choose their own destiny. We believe that if given

the opportunity to excel, our fellow citizens will achieve great things.

Unfortunately, some in Congress are losing faith in this great American idea.

Democrats who urged an increase in the federal minimum wage have a noble purpose: they want to help low-income workers earn more. But by advocating this policy they unwittingly express a lack of confidence in the ability of these working Americans. Worse, they run the risk of hurting the very people they propose to help.

As is usually the case with heavy federal mandates, evidence shows that big-government meddling in the economy is counterproductive. Countless economists have issued reports that conclude a federal increase in the minimum wage does more to hurt workers than it does to help.

Some workers may benefit from this law. But what about the many other workers who will be laid off because their employers cannot afford to pay? These workers will not see improved quality of life as a result of this "compassionate" new law.

And who are the workers likely to lose their jobs under this scenario? Low-income, unskilled and disadvantaged workers will be first, according to a recent Heritage Foundation study. Meanwhile, a relatively small percentage of younger, more skilled workers will keep their jobs and benefit.

We should resist the temptation to use big-government mandates to solve problems. We should peel back layers of burdensome government regulations on businesses and allow low-income workers the chance to realize the American dream.

THE HEART OF THE ISSUE

Congress passed an increase in the minimum wage at presstime as part of the Iraq funding bill in May.

CONTACT YOUR LEADERS

The Honorable (name), U.S. Senate, Washington, DC 20510 • Phone: (202) 224-3121

The Honorable (name), U.S. House of Representatives, Washington, DC 20515 • Phone: (202) 225-3121

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THE APPEALS

A fast-growing number of veterans take their VA disability disputes to a higher level. And about half come away glad they did.



William P. Greene Jr., chief judge of the U.S. Court of Veterans Claims, gives veterans an objective ear on the bench when their appeals to VA have broken down. Noel St. John

COURT

BY JAMES V. CARROLL

William L. Sohl Jr., endures constant pain in both shoulders, both elbows and his knees. Without crutches and knee cages, he is unable to move about his tiny trailer in rural Florida. Each halting step is dulled by a daily regimen of painkillers, including morphine. He suffers from spinal stenosis – a narrowing of the spine – and has a herniated disc.

“I have bad days and days that are worse,” Sohl grumbles. “Everything I try to do is a challenge, and my condition never seems to get better. Without medication, I don’t think I could stand it.”

Sohl was involved in two separate accidents while serving in the U.S. Air Force. In 1960, he was in a truck accident and received medical treatment for back pain, stiffness of the legs and right-arm pain. He injured his back again in 1963 while working as a medic in a hospital ward. He was hospitalized for two days.

In 1990, suffering from increasing maladies he attributed to his Air Force injuries, Sohl filed a service-connected disability claim with the Department of Veterans Affairs for a fractured sacrum and adjunct back problem. He says VA repeatedly denied his claims and appeals for nearly 10 years.

In 2000, represented by the National Veterans Legal Services Program, Sohl took his case to the U.S. Court of Appeals for Veterans Claims. Later, in a memorandum decision, Chief Judge William P. Greene Jr. reversed VA’s denial of service connection which resulted in an award of benefits for Sohl. VA rated Sohl’s service-connected claims in late 2004, but the former airman filed a notice of disagreement, contending that VA’s rating was too low. Finally, more than 16 years after his initial claim, VA awarded Sohl a 100-percent service-connected disability rating for his various health conditions. Compensation for a number of those conditions was made retroactive to 1992.

VA used “erroneous or incomplete” medical evidence in denying Sohl’s claim, Greene said in

THE VA CLAIMS APPEALS PROCESS

1. If you have received a determination on a VA benefits claim that you dispute, you have one year from the date you were notified of the VA decision to file an appeal. After that, the decision is considered final and cannot be appealed unless it involved a clear and unquestionable error by VA. Notice of disagreement must be sent to the local VA office that processed your claim.

2. After receiving the notice of disagreement, the local VA office will send you a summary of reasons behind its ruling in a "Statement of the Case" and "VA Form 9." Be sure to fill out and mail back VA Form 9 within 60 days of the date your Statement of the Case

was mailed out, or within one year from the date your original determination was mailed to you, whichever is later.

3. After receiving your VA Form 9, the local VA office will forward all claim materials to the Board of Veterans Appeals. It will notify you when it sent these materials to the BVA. You have 90 days after the notification is mailed to submit additional evidence, appoint or change legal representation for your claim, or ask for a hearing.

4. The board will conduct hearings, if requested, review your appeal and issue a decision. It will grant, remand or deny your appeal.

5. If your appeal is denied, you have 120 days to file another appeal to the U.S. Court of Appeals for Veterans Claims. You can also submit a "CUE" motion or filing reconsideration motion to the Board of Veterans Appeals, or reopen the case at your local VA office. The 120-day deadline is the same for all these appeals.

6. If your CAVC appeal is denied, you may file an appeal with the U.S. Federal Circuit Court, and ultimately seek review in the Supreme Court of the United States.

Sources: www.military.com, U.S. Court of Appeals for Veterans Claims

his decision. The Board of Veterans Appeals ignored supporting medical opinions from VA's own physicians and reviewed other opinions incorrectly. "The court is satisfied that there is no competent negative evidence contradicting Mr. Sohl's claims," Greene concluded.

"Had it not been for the Court of Appeals for Veterans Claims and the National Veterans Legal Services Program, I might still be fighting," Sohl says. "I'll tell you this: I think it's often a waiting game with VA. You know, you can string things out long enough, and a veteran can die before he or she gets what is due for their military injuries."

Justice For Veterans. Sohl is one of thousands of veterans who, since 1988, have sought relief after their claims were denied by VA. From the Civil War until that point in time – a span of 125 years – veterans had no recourse to appeal denied federal benefits claims. VA was the sole arbiter. A decision by VA's Board of Veterans Appeals to deny a claim was, by law, final. Veterans were barred from appealing the decisions in court.

The Veterans Judicial Review Act of 1988 changed all that by creating the U.S. Court of Appeals for Veterans Claims. Originally named the U.S. Court of Veterans Appeals, its name was changed in March 1999 by the Veterans

Programs Enhancement Act of 1998. The court's seven judges are appointed by the president, and confirmed by the Senate, for 13- or 15-year terms.

The court is not part of VA, nor is it connected to the Board of Veterans Appeals, an administrative body within VA. The court is a national court of record that has jurisdiction to review BVA decisions appealed by veterans, but the court does not hold trials, receive witness testimony or review new evidence.

In deciding a case in the Court of Appeals for Veterans Claims, the judges consider the BVA decision, the briefs submitted by the parties and the VA record available to the BVA at the time. The court may hear oral arguments, most often in a Washington courtroom and occasionally at law schools. Individual judges decide most cases.

In the past 10 years, more than 25,000 appeals have been filed with the court. During the past two years, the longtime average number of new monthly cases jumped from 200 to 300.

The swelling docket is straining the court. By its own account, the average time between filing and disposition of a case is approximately one year or longer, as in Sohl's case.

The court's workload has been expanding for reasons that go beyond the growing number of cases. From 2000 to 2004, it was not at full strength



William Sohl, commander of American Legion Post 232 in Hawthorne, Fla., battled VA for more than 16 years before the Court of Appeals for Veterans Claims reversed VA's repeated decisions to deny his claims. James V. Carroll

– working with only five judges most of that time. As of October 2006, there were 6,063 pending cases on the docket. Of them, 3,253 cases were awaiting records or briefs, and another 1,109 appeals awaited final judgment.

Greene says judges are unlikely to make well-reasoned decisions when working against a stopwatch. “Our role is to not so much adjudicate a claim,” Greene says. “That’s been done several times already. In fact, individuals have received many bites of the apple. Our role is to insure that the BVA has made a legally correct decision. That’s the crux of our job. We can’t speak of doing that in terms of quick time, because it requires legal thought, legal analysis and legal writing.”

Studies suggest that by 2010 the court can expect as many as 4,000 new cases a year, Greene says. An influx of tinnitus and “Blue Water” Agent Orange claims are already contributing to the ballooning workload. The fact that BVA is deciding more cases – 40,000 a year – and the fact that 13,000 of those decisions are total denials add to the likelihood of appeals. “As these cases begin to pile in more and more, there could come a time when I would need to ask for more full-time judges on the court,” Greene says.

In the meantime, he has resorted to statutory authority to recall retired judges to serve 90-day stints. The recall began last year and continues. Currently, three such judges are deciding cases.

“The recalled judges have been very helpful in reducing the number of cases coming into individual chambers,” Greene says. “Therefore, the active judges have been able to concentrate on getting some of the older cases out.”

Recalling judges has had its own set of challenges, Greene says. Last November, he took a rare, if not unprecedented, step by appealing to The American Legion and other veterans service organizations. He asked them to support the court’s move to return retired judges to the bench and the court’s request for additional money.

In a letter to American Legion National Commander Paul A. Morin, Greene asked the Legion to support a request to Congress to amend and increase the court’s 2007 fiscal budget by \$311,400 – the cost of three additional staff attorneys and equipment needed to assist the recalled judges. Morin responded by appealing to leadership of the House and Senate Veterans Affairs committees and appropriations subcommittees to support “this modest increase to ensure that sufficient funding is available so that the court is able to keep up with its growing workload, and provide timely decisions in the cases of our veterans.”

Greene’s decision to recall retired judges has put the court on a record pace to issue 3,800 decisions this year, topping 3,336 cases decided in 2001. Last July, Sen. Larry Craig, R-Idaho, then serving as chairman of the Senate Committee on Veterans

INTERVIEW

Past national commander serves veterans from appeals court bench



American Legion Past National Commander Alan G. Lance Sr. was nominated as a judge of the U.S. Court of Appeals for Veterans Claims by President George W. Bush and confirmed by the Senate in December 2004.

Before serving as Idaho’s attorney general from 1995 to 2003, Lance served two terms in the Idaho House of Representatives and was elected majority caucus chairman during his second term. He served in the U.S. Army Judge Advocate General Corps from 1974 to 1978, after which he established a private law practice in Meridian, Idaho.

Having spent much of his adult life as a dedicated veterans advocate, he has received numerous awards and honors, including the Distinguished Service Award from the National Association of State Veterans Homes and the American Legion



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*Measured by a breathing test in people taking ADVAIR 250/50, compared with people taking either fluticasone propionate 250 mcg or salmeterol 50 mcg. Your results may vary.



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What is the most important information I should know about ADVAIR DISKUS?

In patients with asthma, long-acting beta₂-agonist medicines such as salmeterol (one of the medications in ADVAIR[®]) may increase the chance of death from asthma problems. In a large asthma study, more patients who used salmeterol died from asthma problems compared with patients who did not use salmeterol. So ADVAIR is not for patients whose asthma is well controlled on another asthma controller medicine such as low- to medium-dose inhaled corticosteroids or only need a fast-acting inhaler once in a while. Talk with your doctor about this risk and the benefits of treating your asthma with ADVAIR.

ADVAIR should not be used to treat a severe attack of asthma or chronic obstructive pulmonary disease (COPD) requiring emergency medical treatment.

ADVAIR should not be used to relieve sudden symptoms or sudden breathing problems. Always have a fast-acting inhaler with you to treat sudden breathing difficulty. If you do not have a fast-acting inhaler, contact your doctor to have one prescribed for you.

What is ADVAIR DISKUS?

There are two medicines in ADVAIR: Fluticasone propionate, an inhaled anti-inflammatory belonging to a group of medicines commonly referred to as corticosteroids; and salmeterol, a long-acting, inhaled bronchodilator belonging to a group of medicines commonly referred to as beta₂-agonists. There are 3 strengths of ADVAIR: 100/50, 250/50, 500/50.

For Asthma

- ADVAIR is approved for the maintenance treatment of asthma in patients 4 years of age and older. ADVAIR should only be used if your doctor decides that another asthma controller medicine alone does not control your asthma or that you need 2 asthma controller medications.
- The strength of ADVAIR approved for patients ages 4 to 11 years who experience symptoms on an inhaled corticosteroid is ADVAIR DISKUS 100/50. All 3 strengths are approved for patients with asthma ages 12 years and older.

For COPD associated with chronic bronchitis

ADVAIR 250/50 is the only approved dose for the maintenance treatment of airflow obstruction in patients with COPD associated with chronic bronchitis. The benefit of using ADVAIR for longer than 6 months has not been evaluated. The way anti-inflammatories work in the treatment of COPD is not well defined.

Who should not take ADVAIR DISKUS?

You should not start ADVAIR if your asthma is becoming significantly or rapidly worse, which can be life threatening. Serious respiratory events, including death, have been reported in patients who started taking salmeterol in this situation, although it is not possible to tell whether salmeterol contributed to these events. This may also occur in patients with less severe asthma.

You should not take ADVAIR if you have had an allergic reaction to it or any of its components (salmeterol, fluticasone propionate, or lactose). Tell your doctor if you are allergic to ADVAIR, any other medications, or food products. If you experience an allergic reaction after taking ADVAIR, stop using ADVAIR immediately and contact your doctor. Allergic reactions are when you experience one or more of the following: choking; breathing problems; swelling of the face, mouth and/or tongue; rash; hives; itching; or welts on the skin.

Tell your doctor about the following:

- If you are using your fast-acting inhaler more often or using more doses than you normally do (e.g., 4 or more inhalations of your fast-acting inhaler for 2 or more days in a row or a whole canister of your fast-acting inhaler in 8 weeks' time), it could be a sign that your asthma is getting worse. If this occurs, tell your doctor immediately.
- If you have been using your fast-acting inhaler regularly (e.g., four times a day). Your doctor may tell you to stop the regular use of these medications.
- If your peak flow meter results decrease. Your doctor will tell you the numbers that are right for you.
- If you have asthma and your symptoms do not improve after using ADVAIR regularly for 1 week.
- If you have been on an oral steroid, like prednisone, and are now using ADVAIR. You should be very careful as you may be less able to heal after surgery, infection, or serious injury. It takes a number of months for the body to recover its ability to make its own steroid hormones after use of oral steroids. Switching from an oral steroid may also unmask a condition previously suppressed by the oral steroid such as allergies, conjunctivitis, eczema, arthritis, and eosinophilic conditions. Symptoms of an eosinophilic condition can include rash, worsening breathing problems, heart complications, and/or feeling of "pins and needles" or numbness in the arms and legs. Talk to your doctor immediately if you experience any of these symptoms.
- Sometimes patients experience unexpected bronchospasm right after taking ADVAIR. This condition can be life threatening and if it occurs, you should immediately stop using ADVAIR and seek immediate medical attention.
- If you have any type of heart disease such as coronary artery disease, irregular heart beat or high blood pressure, ADVAIR should be used with caution. Be sure to talk with your doctor about your condition because salmeterol, one of the components of ADVAIR, may affect the heart by increasing heart rate and blood pressure. It may cause symptoms such as heart fluttering, chest pain, rapid heart rate, tremor, or nervousness.
- If you have seizures, overactive thyroid gland, liver problems, or are sensitive to certain medications for breathing.
- If your breathing problems get worse over time or if your fast-acting inhaler does not work as well for you while using ADVAIR. If your breathing problems worsen quickly, get emergency medical care.
- If you have been exposed to or currently have chickenpox or measles or if you have an immune system problem. Patients using medications that weaken the immune system are more likely to get infections than healthy individuals. ADVAIR contains a corticosteroid (fluticasone propionate) which may weaken the immune system. Infections like chickenpox and measles, for example, can be very serious or even fatal in susceptible patients using corticosteroids.

How should I take ADVAIR DISKUS?

ADVAIR should be used 1 inhalation, twice a day (morning and evening). ADVAIR should never be taken more than 1 inhalation twice a day. The full benefit of taking ADVAIR may take 1 week or longer.

If you miss a dose of ADVAIR, just skip that dose. Take your next dose at your usual time. Do not take two doses at one time.

Do not stop using ADVAIR unless told to do so by your doctor because your symptoms might get worse.

Do not change or stop any of your medicines used to control or treat your breathing problems. Your doctor will adjust your medicines as needed.

When using ADVAIR, remember:

- Never breathe into or take the DISKUS[®] apart.
- Always use the DISKUS in a level position.
- After each inhalation, rinse your mouth with water without swallowing.
- Never wash any part of the DISKUS. Always keep it in a dry place.
- Never take an extra dose, even if you feel you did not receive a dose.
- Discard 1 month after removal from the foil overwrap.
- Do not use ADVAIR with a spacer device.

Children should use ADVAIR with an adult's help as instructed by the child's doctor.

Can I take ADVAIR DISKUS with other medications?

Tell your doctor about all the medications you take, including prescription and nonprescription medications, vitamins, and herbal supplements.

If you are taking ADVAIR, you should not take SEREVENT[®] DISKUS or Foradil[®] Aerolizer[®] for any reason.

If you take ritonavir (an HIV medication), tell your doctor. Ritonavir may interact with ADVAIR and could cause serious side effects. The anti-HIV medicines Norvir[®] Soft Gelatin Capsules, Norvir Oral Solution, and Kaletra[®] contain ritonavir.

No formal drug interaction studies have been performed with ADVAIR.

In clinical studies, there were no differences in effects on the heart when ADVAIR was taken with varying amounts of albuterol. The effect of using ADVAIR in patients with asthma while taking more than 9 puffs a day of albuterol has not been studied.

ADVAIR should be used with extreme caution during and up to 2 weeks after treatment with monoamine oxidase (MAO) inhibitors or tricyclic antidepressants since these medications can cause ADVAIR to have an even greater effect on the circulatory system.

ADVAIR should be used with caution in people who are taking ketoconazole (an antifungal medication) or other drugs broken down by the body in a similar way. These medications can cause ADVAIR to have greater steroid side effects.

Generally, people with asthma should not take beta-blockers because they counteract the effects of beta₂-agonists and may also cause severe bronchospasm. However, in some cases, for instance, following a heart attack, selective beta-blockers may still be used if there is no acceptable alternative.

The ECG changes and/or low blood potassium that may occur with some diuretics may be made worse by ADVAIR, especially at higher-than-recommended doses. Caution should be used when these drugs are used together.

In clinical studies, there was no difference in side effects when ADVAIR was taken with methylxanthines (e.g., theophylline) or with FLONASE[®].

What are other important safety considerations with ADVAIR DISKUS?

Osteoporosis: Long-term use of inhaled corticosteroids may result in bone loss (osteoporosis). Patients who are at risk for increased bone loss (tobacco use, advanced age, inactive lifestyle, poor nutrition, family history of osteoporosis, or long-term use of drugs such as corticosteroids) may have a greater risk with ADVAIR. If you have risk factors for bone loss, you should talk to your doctor about ways to reduce your risk and whether you should have your bone density evaluated.

Glaucoma and cataracts: Glaucoma, increased pressure in the eyes, and cataracts have been reported with the use of inhaled steroids, including fluticasone propionate, a medicine contained in ADVAIR. Regular eye examinations should be considered if you are taking ADVAIR.

Lower respiratory tract infection: Lower respiratory tract infections, including pneumonia, have been reported with the use of inhaled corticosteroids, including ADVAIR.

Blood sugar: Salmeterol may affect blood sugar and/or cause low blood potassium in some patients, which could lead to a side effect like an irregular heart rate. Significant changes in blood sugar and blood potassium were seen infrequently in clinical studies with ADVAIR.

Growth: Inhaled steroids may cause a reduction in growth velocity in children and adolescents.

Steroids: Taking steroids can affect your body's ability to make its own steroid hormones, which are needed during infections and times of severe stress to your body, such as an operation. These effects can sometimes be seen with inhaled steroids (but it is more common with oral steroids), especially when taken at higher-than-recommended doses over a long period of time. In some cases, these effects may be severe. Inhaled steroids often help control symptoms with less side effects than oral steroids.

Yeast infections: Patients taking ADVAIR may develop yeast infections of the mouth and/or throat ("thrush") that should be treated by their doctor.

Tuberculosis or other untreated infections: ADVAIR should be used with caution, if at all, in patients with tuberculosis, herpes infections of the eye, or other untreated infections.

What are the other possible side effects of ADVAIR DISKUS?

ADVAIR may produce side effects in some patients. In clinical studies, the most common side effects with ADVAIR included:

- | | | |
|--------------------------------|-----------------------|------------------------------------|
| • Respiratory infections | • Bronchitis | • Musculoskeletal pain |
| • Throat irritation | • Cough | • Dizziness |
| • Hoarseness | • Headaches | • Fever |
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Affairs, conducted a hearing on the court's backlog issue, calling the situation "unacceptable." He urged Greene to take immediate action.

"I know Chief Judge Greene has been examining ways to increase productivity even more to deal with the astounding caseload," Craig says. "I support and applaud his efforts and will continue to focus on what else we can do to help move veterans' cases through the system faster."

Unfortunately for many veterans, the promise of effective judicial review is elusive, says Ronald B. Abrams, joint executive director of the National Veterans Legal Service Program. The independent, non-profit organization acts to ensure the U.S. government honors its commitments to 25 million veterans.

NVLSP serves veterans through advocacy training, education and publications, along with pro-bono litigation. The American Legion has a contract with NVLSP to review all adverse BVA decisions for veterans represented by The American Legion, which contracts the organization to train its service officers.

"It's our priority to take every Legion case that

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we can," NVLSP staff attorney Louis J. George says. "We screen BVA denials brought to us by the Legion, and if we can find merit in at least one point of a veteran's claim we will represent that veteran at no charge. Our goal is to get a remand or reversal for the veteran so that he or she is awarded the compensation due for injuries or illnesses as a result of military service."

Cases not accepted by NVLSP are referred to The Veterans Consortium Pro Bono Program, Abrams says, which includes The American Legion, Disabled American Veterans, the National Veterans Legal Services Program and Paralyzed Veterans of America. The consortium provides free attorneys to

veterans and their qualifying family members who have appeals pending at the court, says Peter S. Gaytan, director of The American Legion Veterans Affairs & Rehabilitation Division, a member of the board of directors at The Veterans Consortium. The nonprofit was created in 1992 to recruit and train attorneys in the field of veterans law, and to provide assistance to unrepresented veterans who

Auxiliary Humanitarian Award. He served as national commander of The American Legion in 1999-2000. He is a member of American Legion Post 113 in Meridian, Idaho.

Judge Lance recently took time in Washington to speak with *The American Legion Magazine*.

The American Legion Magazine: How has your American Legion experience helped you serve as a judge of veterans' appeals?

Judge Alan G. Lance Sr.: I don't know that it makes me a better judge, but it certainly gives me an insight and appreciation for the frustration that many veterans feel with delays, with rulings on which they disagree, and their concerns that they might expire before getting a ruling, because, as you know, the claim dies with the veteran. In many instances, I can put a face with a claim not because I know the person but because circumstances presented on paper in many instances reflect some

folks that I've had the privilege of working with or meeting during my tenure with The American Legion, at the post level as well as national.

Q: How does this court serve veterans in ways that VA cannot?

A: Prior to 1988, there was no opportunity for a veteran to judicially challenge a VA opinion. As a consequence of the court's oversight in approximately 50 percent of the cases, the court tells veterans, "You are right. VA should have looked at this record, should have considered this or that or applied this law." Without this court, that 50 percent of cases on remand and reversal would have been lost.

Q: What do you find to be most satisfying about serving on the court?

A: Having the ability to have a vote and a voice in adjudicating veterans' claims. It gives me a great

have appealed BVA decisions.

“If a veteran is considering an appeal, he or she should get advice from an attorney, a service officer in a veterans organization such as The American Legion, or from a state or county veterans affairs office,” Gaytan says. “The complexity of veterans law and the court’s specific rules of practice and procedure will put an unrepresented veteran at a distinct disadvantage against VA and its attorneys.”

Nearly 64 percent of veterans who appeal do so without legal representation. That falls to less than 25 percent by time the case is decided. Sohl, who fought VA more than 16 years to get compensation, says having an attorney made the difference in his successful battle to overturn VA’s denial of claims.

“You can’t let the system beat you down, no matter how long it takes,” Sohl says. “No one disagrees I was injured while serving my country – even VA admitted that fact. What VA did not want to admit was that my condition today is the result of those injuries. VA did everything it could to avoid compensating me, even to the extent that they ignored their own doctors’ opinions. Vets need someone who knows how the system works and someone to keep an eye on VA. Appeal, appeal, appeal if you think you are right.” 🌿

James V. Carroll is an assistant editor at The American Legion Magazine.



Judges Alan G. Lance Sr., left, and William Greene, decide most cases from legal briefs. They occasionally conduct courtroom hearings, but they do not accept new evidence. Noel St. John

deal of satisfaction to continue my commitment to American veterans.

Q: *What about it causes frustration?*

A: As attorney general of Idaho, I could make decisions based on the advice of attorneys and staff and move on quickly – subject to the legislature, of course. The court is a more collegial body. As a consequence, colleagues have the opportunity to advance their own theories, arguments, positions and interpretations. Therefore, decisions do not move quite as rapidly in this environment.

Q: *Is that deliberative approach important to making well-reasoned decisions?*

A: Yes. Single-judge opinions are circulated. If a judge believes one of his colleagues has missed something, it can be brought to the attention of the

original judge. If two or more judges have questions about a particular decision, a panel of three judges might be assembled to look at the case. That’s peer review at its best.

Q: *What should veterans know about the Court of Veterans Appeals?*

A: The seven active judges of the court are a collection of very dedicated professional, experienced litigators and judges who do all they can to process veterans’ claims in a meaningful and expeditious manner.

Not every veteran is going to win every claim. But at least veterans have the opportunity to make their case. The court reviews each appeal seriously and gives full, fair and impartial consideration to each argument. 🌿

Interview: James V. Carroll

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THE **EMBEDDED** EDITOR

Seventeen years after his honorable discharge from the U.S. Marine Corps, John Raughter went to war. *The American Legion Magazine* editor spent nearly a month last February embedded with U.S. Army soldiers and members of the 15th Marine Expeditionary Unit fighting in support of Operation Iraqi Freedom.

INTERVIEW



The American Legion Magazine's John Raughter sees the Iraq war from the inside looking out.

A husband and father of two from Clermont, Ind., Raughter was not looking for a guided media tour of the Green Zone. He wanted to go where the war was. And the Department of Defense took him there. That realization hit early, when an Australian helicopter transporting him over Baghdad was fired upon. "It was just one round, a flash and a bang," Raughter recalls. "Pretty routine stuff for the pilot."

While among the troops, the journalist carried his own weight and, when necessary, a weapon. He marched on night patrols, watched the Super Bowl at Camp Ripper, witnessed the lethal force of a roadside bomb, and attended a solemn memorial service for three Americans from Idaho, all killed in action on the same day. The war in Iraq claimed the lives of no fewer than 80 Americans during the month Raughter was there. Improvised explosive devices, helicopter attacks and small-arms battles were the primary causes. Casualties were sustained in every corner of the theater.

He got what he came for: a face-to-face, day-to-day understanding of the men and women serving in harm's way, the challenges they accept and the resolve they share. The experience, he says, brought focus to his perceptions of the war and those engaged in it.

"The problem I think we have is that we keep looking at the war through an American prism," says Raughter, 42, who has edited the nation's largest veterans magazine since December 1998. "The magazine has had a lot of good freelance work from writers in Iraq and articles about the war, but nothing compares to being there, seeing our soldiers and Marines at work in this extremely different culture, and the conditions they endure in a nation very, very much at war. It was eye-opening, to say the least. Most of the soldiers I met believe America should be there and needs to be there. Every one of them will tell you they would rather fight terrorists themselves, in Iraq, than in their hometowns."

A former Marine sergeant who later earned a bachelor's degree in political science at the University of Houston and a master's degree in journalism from the University of Missouri, Raughter recently sat down at Speedway, Ind., American Legion Post 500 to discuss his experience among the troops in Iraq.



A Marine from the 15th Marine Expeditionary Unit cautiously patrols a street in Rutbah, a city in Iraq's Anbar Province. *John Raughter*

The American Legion Magazine: *The war was entering a particularly dangerous period when you went. Why did you want to go at that time?*

John Raughter: I thought it was important for The American Legion to have a personal presence in Iraq to witness firsthand what our combat troops are going through and to let them know they have support at home ... that not all media are sending the antiwar message.

Q: *How aware are they of public opinion at home?*

A: They really don't follow the news as much you might expect, at least where I was, in Anbar Province. One reason is they can't get it very easily. There are recreation centers where they can get onto a computer, but they have to wait in line, 30 or 40 people to use six computers with a 30-minute time limit. Then think of the slowest dial-up modem you've ever used in your life. If they get online, they reply to e-mails from family. They really don't have time to follow the news. They are living it.

Q: *How important is it to the troops to know their country is behind them?*

A: One recon Marine in Rutbah was adamant when he told me American support makes them all feel better. Another, a lance corporal I met in Ramadi, said he believed America should think of the U.S. military in Iraq as the world's police. I remember him asking, "Where would we be without police? We need police." He said it as if he needed to convince me that their cause is just.

Q: *What were some of your first observations upon arriving?*

A: A lot of destroyed buildings. I assumed they were bombed in the war. I found out later that many of them were rubble long before that.

Q: *You were not there during one of the hotter times of the year.*

A: Yeah, if you're going to go, February is the month. It was in the 50s and 60s during the day and down to the 20s and 30s at night. I can't believe how they get through it when it's 120 to 130 degrees. You have to walk everywhere you go. With Kevlar, it feels like adding 50 to 60 pounds.

Q: *You left Indianapolis on Feb. 1 and were in Anbar Province in time to watch the Super Bowl on Feb. 4. That must have been surreal.*

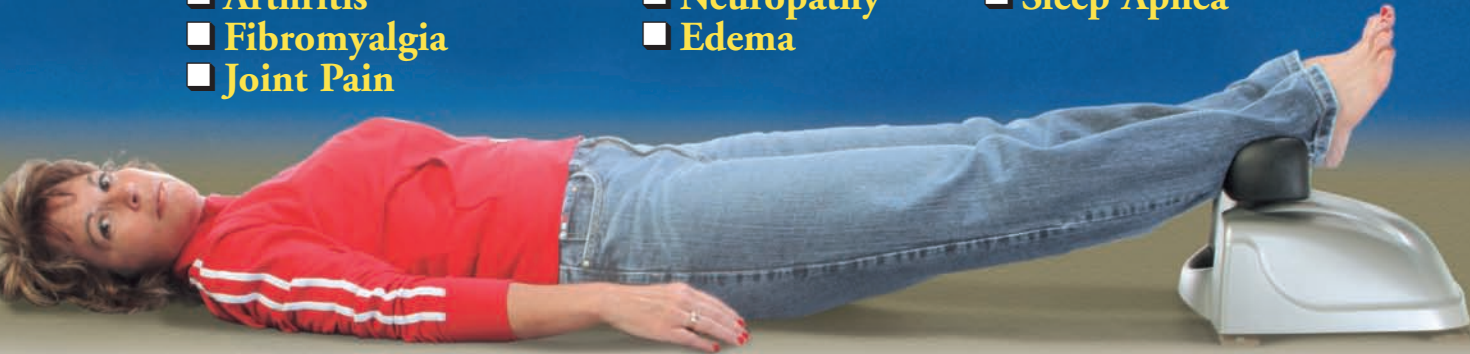
A: I was in Camp Ripper, a joint operating base. The Super Bowl started at 2:30 a.m. We watched it

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After using the Exerciser 2000 Elite™ twice a day for one week the swelling in my ankles went away. It has also helped my breathing, as I can get out and walk without having to stop and catch my breath! Thank you. —Shirley H., Florida

I have had constipation problems for over 25 years. Since I have been using the Exerciser 2000 Elite™ I have been regular every day and have begun to lose weight. This is truly a blessing and is so easy to use. —Jeannie

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I saw your ad for the Exerciser 2000 Elite in the Elks magazine for several months. The information in the ad almost sounded "too good to be true". With your no risk money back guarantee I figured I had nothing to lose so I purchased the machine...and boy, am I glad I did! I am 75 years old and suffer from sciatica, which makes my back and legs tighten up and causes numbness. I was taking 8-10 Alleve™ every day for relief. After using the machine for only 4 minutes, I noticed my low back loosening up. Since I have been using the machine I have not taken any pain pills and have been pain free. My sciatica is not giving me problems anymore and my body stays loosened up. My wife and I went to a restaurant the other day and we had to wait in line for about an hour. I was able to stand there without any pain! I have also had a snoring problem for quite sometime, however, since using the machine my snoring has subsided. My wife is so excited!

I cannot tell you how much this machine has turned my life around. The Exerciser 2000 Elite is the greatest thing since sliced bread! I am going to tell everyone I know about it. —C. Cummings

My husband and I have been into natural products all of our lives but nothing has ever affected us like the Exerciser 2000™ Elite. My husband is 72 and delivers flowers all day long. He has to carry 5 gallon buckets of water and flowers that would give him backaches. Since

using the machine, his back hasn't hurt him at all. My hips would hurt if I stood too long and I would get weak and have to sit down. Now it doesn't bother me at all. I can walk and sit as long as I want. I don't have to take pain medication anymore. When I get up in the morning, I jump right out of bed and I'm not stiff anymore. At 65, wow, this is great! Thank you for offering such a great machine. We are going to tell everyone we know about it. —Cheryl J.

After having a stroke, I could no longer exercise the way I used to. As a result, I developed edema. A friend of mine introduced me to the Exerciser 2000 Elite™. I loved it and I purchased one for myself. After using the machine daily for a few weeks, my symptoms of edema were completely gone. I now use the machine twice a day for 16 minutes each time on speed 3. What a wonderful way to exercise. —Robert M.

I am in my late 80's and have diabetes. The first thing I noticed when I started using my machine was that my feet were warm when I went to bed. They were always ice cold before. Because one of my problems is poor circulation, I use the machine three times a day for 10 minutes each; in the morning, late afternoon and just before bed. I almost forgot to mention that I have not been able to lift my arms above my head. Now I can do it. You think that's no big deal until you can't do it anymore. —Ralph K.

I had suffered with sleep apnea for many years and had been taking drugs for it. I was told I would have to use a breathing apparatus. In the meantime, I was introduced to the Exerciser 2000 Elite™ and decided to purchase one. Within two weeks, I was sleeping more deeply and restfully than ever before. —David B.

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live from the chow hall – D-FAC, they call it. When I first heard someone call it that, I pretended to know what they were talking about. We always called it the chow hall when I was in. Now, it’s outsourced, and they call it D-FAC, which stands for “dining facility.” The food was excellent during the Super Bowl. They had all kinds of snacks and non-alcoholic beer. There is no alcohol allowed anywhere. They had two big-screen TVs, but you couldn’t see any of the commercials. Armed Forces Radio and TV ran it, so instead of commercials, you got public-service announcements on things like what to wear and what not to wear when you’re in certain foreign countries.

Q: *How much fight is in the troops right now?*

A: They want to kill terrorists. That’s what they are trained to do. That’s what they do. Why? People willing to kill themselves in suicide attacks are willing to save money, steal money, find weapons, obtain bombs and do whatever it takes to get close to Americans and attack them. They are terrorists. No American soldier is willing to sit idly by after watching his buddies die at the hands of terrorists. It became very clear to me that this war is definitely a war against terrorism. And every American soldier I talked to will tell you that they would rather fight it there than in the shopping malls and restaurants of the United States. Nobody would have supported going into Afghanistan on Sept. 10, 2001, but after 9/11 most people supported it. I think a lot of troops in Iraq don’t want the Islamofascists to hit us again before we do something. The country may be different but the anti-American extremism of these terrorists is very much the same. The troops see it firsthand.

Q: *They don’t feel they have been wrongly placed in harm’s way?*

A: They will tell you, and I think this point sometimes gets lost, that no one was drafted into this, even though they may be personally frustrated by involuntary extensions and the op tempo. They are consummate professionals. The quality of the people we have there is outstanding.

Q: *On Feb. 5, you went to Rutbah on the outer edge of al-Anbar Province. What was that like?*

A: It’s out in the desert close to Syria and Jordan. A lot of people think of it as one big truck stop. A lot of trucks and convoys, 18-wheelers. It reminds me of Baker, Calif. By Iraqi standards, it’s calm. But it’s certainly a dangerous place. I stayed with Marines from the 15th MEU. While there, I inter-



A 15th MEU civil-affairs officer, right, processes property-damage claims from Rutbah residents. The translator, left, protects his identity with a face scarf, a common practice among civilians cooperating with coalition forces. *John Raughter*

viewed a Navy corpsman who three weeks earlier heard a Marine shout from the rooftop, “Corpsman up!” It was the corpsman’s best friend. A sniper got him. A couple of hours later, he heard it again. A sniper killed two Marines with direct head shots below their helmets. Even Rutbah is not safe. There is no part of Iraq where the people are safe by American standards. In Rutbah, I really felt like I was in the war zone.

Going in, I thought there would be more freedom of movement. That’s not what I saw. Nobody was working around the marketplace. I got to visit a school, but it was on break. I asked when class would be back in session. No one seemed to know, not even the principal. They were laissez-faire about it, like they would let people know when it was time to come back to school. It wasn’t a big deal. That’s another example of how you can’t think like Americans over there. Americans want things now and on a schedule. That’s not how the Iraqi people are.

Q: *What was the interaction like between U.S. troops and local Iraqis?*

A: Translators would come with their faces covered by scarves. They were concealing themselves because any Iraqis who collaborate with the coalition are 10 times more targeted than anyone else. I met one translator who was fearless. He did not care. He was willing to give his life for democracy. There’s even more to it than that. When people join the U.S. military, they have to be willing to put their lives on the line. The difference for the Iraqis is that when they join the military, or in this case help ours, they are putting their whole

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A reconnaissance Marine from 15th MEU's Company B, BLT 2/4, watches the perimeter from an observation tower in Rutbah. The MEU has been providing security, rebuilding infrastructure and fighting terrorists in Anbar Province since late last year. *John Raughter*

loved the pencils the soldiers handed out, but then they would throw rocks at them, too – big rocks. A guy from the CAG – civil affairs group – was trying to restore electricity, trying to make things better, and while he was working, kids were throwing rocks at him. I saw children playing in the alleyways in Rutbah right where IEDs had been detonated a couple of days earlier. It's a strange environment for children, and they are highly vulnerable to terrorists.

Q: *What, specifically, are U.S. soldiers doing in Rutbah?*

A: Looking for IEDs, looking for terrorists – trying to run them out, while at the same time rebuilding the city's infrastructure.

families' lives on the line.

You can tell that the insurgency gets to the kids. The kids would follow the soldiers around. They

Q: *How do U.S. troops distinguish good guys from bad in places like Rutbah?*

ONE NIGHT IN **RAMADI**

RAMADI, Iraq – The “sig acts report” – military shorthand for significant activities report – was so pedantic that it was startling.

“170208cFeb07: 1/1/1 IA was attacked with an IED while conducting a dismounted combat patrol ... in central east Ramadi ... The blast resulted in (4) IA WIA and (1) IA KIA.”

In fewer than 200 words, the report basically stated that an Iraqi soldier was killed by stepping on an improvised explosive device while walking on a foot patrol at 2:08 a.m. on Feb. 17, 2007. What's startling about the report is that it's not startling at all. Welcome to life in Anbar Province.

With more than 3,000 U.S. servicemembers already killed in Iraq and a significantly higher tally of fallen Iraqi forces, the death of one Iraqi soldier and wounding of four others was simply not that unusual. Yet there is something surreal about seeing someone blown to bits and knowing that had you been standing a few feet to your right it would have been you.

The one-paragraph single-spaced report included no names nor accounts of the calm and collective leadership displayed by many but epitomized by U.S. Marine Capt. Ryan Crais, who serves as a military adviser to Iraqi security forces in Ramadi.

Crais, a 35-year-old military brat who calls

Washington, D.C., home, was within arm's reach of this journalist when we halted in the middle of a dark and filthy street, our forward progress stopped by the realization that we were staring at a blue dinner-plate-sized saucer about 10 feet ahead.

It was obvious that it was an IED, which in retrospect should have been our biggest clue that it wasn't an IED. “Watch your feet and back up slowly,” Crais said to me and to a few nearby members of the 1st Battalion Military Transition Team. When a blast went off a second later, the James Stockdale soundbite from the 1992 vice presidential debates entered my mind: “Why am I here?” More specifically, why aren't we in several pieces like the other guy? As Crais later explained, “We were looking at the decoy. The real one was on the sidewalk. The dirt mound that was between the real IED and where we were standing absorbed the shrapnel, which was why guys standing further away were hurt and we weren't.”

Not knowing when or from where the next blast would come, or if it would soon be joined by a symphony of sniper and small-arms fire, Crais immediately ordered a roundup of the casualties. A soldier from the U.S. Army's 1st Battalion, 9th Infantry Regiment asked that I hold his M-4 carbine so he could pick up casualties. I gladly

A: One way is when they see MAMs – military-age males – grouped together. That usually means something is up. It's difficult. You have to look at all the different ideologies. You have Shiites and Sunnis who want to kill one another and kill Americans. They like to kill. Every time we counteract an IED, they come up with a different way to attack. This is very much a nation at war.

Q: *After you were in Rutbah a week, you went to Ramadi – also in Anbar Province, but more of a hotspot. Why did you choose to go there?*

A: The public-affairs officer who was assigned to me in Rutbah asked me where I wanted to go next. I told her I wanted to go where the most was happening. She asked, "Ramadi or Fallujah?" She flipped a coin. Ramadi.

Ramadi is considered an important supply route in the Sunni Triangle. It's maybe the third- or fourth-largest city in Iraq, maybe a million people, the size of Indianapolis. I landed there at night, and a major picked me up – a reservist who was a

Nebraska state trooper back home. The first thing he said to me was, "So, you came to see the blood and guts?" I told him I did not want to see U.S. soldiers' blood and guts. But the short answer was yes. He confirmed that I was in the right place.

U.S. military presence is large in Ramadi. Camp Ar Ramadi is the big post, one of Saddam's old military bases. There's Camp Corregidor, Eagle's Nest and a lot of other smaller satellite posts.

Q: *What is the Eagle's Nest?*

A: A small enclave of houses. They were large homes before the war, in the Malaab district, the worst area of insurgent activity in Ramadi, maybe even in Iraq. When some of the troops are out on patrols, they stay in the Eagle's Nest. They'll go three days on and three days off at Camp Corregidor and the Eagle's Nest. In most cases, these properties were purchased by the military. We usually overpay for them. But we need them. It's sort of like eminent domain on steroids. In some cases, where there is evidence of insurgency, like

obliged, not feeling in the mood to screw with my camera, since flash photography is not only prohibited but possibly fatal in a night combat environment. I only brought the camera along with the hope of using it inside one of the houses that the task force planned to raid.

The unfortunate soul who stepped on the pressure plate was in several pieces, killed instantaneously. Any belief I might previously have had that one stood a good chance of surviving a direct IED hit – as proven by the inspirational stories of prosthetic-limbed heroes at Walter Reed – was completely shattered. Most IED survivors live only because they were in well-armored vehicles or were on the outskirts of the shrapnel. Step on one, and you will be obliterated.

"Get the body," Crais ordered his men. The man's parts were gathered on a rain poncho and carried away.

"You're going to be OK," Crais said to another shocked Iraqi soldier, lying on the ground with blood draining from his forehead and ears.

"Carry him off!" he bellowed to his men.

Within minutes, a SEAL team arrived to render first aid to the four wounded Iraqi soldiers. Two were flown to Al Taqqaddum Air Base for emergency surgery.

When the unit regrouped nearby in a small-enclave of coalition-controlled buildings known as the Eagle's Nest in Ramadi's Malaab district, the staccato of enemy and friendly small-arms fire on nearby streets could be mistaken for a Fourth of July celebration if not for the location.

With the element of surprise laughable at this point, the patrol's original mission to raid two houses known to host terrorists was now being shouldered by a U.S. Army team from Dog Company, 1/9. When the enemy foolishly fired upon the soldiers, they were treated to approximately 1,400 rounds of machine-gun fire, 900 M-4 rounds, 10 grenades and a starring role in a new sig acts report. The U.S. Air Force joined the battle at dawn when AC-130s fired 40mm cannons with deadly accuracy, killing four terrorists in their tracks.

"I don't know if the four enemy KIAs planted the IED," Crais said. "It would nice if it's the same guys. But we do know that they were terrorists and probably part of the same cell."

It was 6:02 a.m., the end of another "significant activity" in Ramadi. What is significant to the coalition forces serving in Ramadi is that by the end of their tours such days may not be remembered as significant at all. It's just another routine day in the war.

– John Raughter



■ **GIVEAWAY BEGINS:** Spokesmen for the World Reserve Monetary Exchange officially unveil the newly revealed Presidential Money Gallery that exhibits the U.S. Mint's® new Presidential Dollar Coins. The World Reserve has just announced it is actually handing out the entire first year of the new coins free. They are being given away free to everyone who beats the deadline to cover the \$28 claim for the Presidential Money Gallery. The free money giveaway begins for all readers today. But don't thank the government, this massive \$13 million private hoard of new coins is under the control of the World Reserve who is making no secret about advertising its plan to hand out the coins to residents starting at 8:30 a.m. today.

Public gets Presidential coins free

Everyone who claims the \$28 newly revealed Presidential Money Gallery gets the entire first year of the new Presidential Dollar Coins Free

By **DANIEL G. WOOD**
UNIVERSAL MEDIA SYNDICATE

Have you heard about the free money giveaway that's sweeping the nation?

Well, listen up because here it is.

Everyone who gets in on this will be among the first to get the U.S. Mint's dazzling new Presidential Dollar Coins.

The World Reserve has just announced it is handing out the entire first year of the valuable coins free.

These valuable coins are being given away free to everyone who beats the deadline to cover shipping and the \$28 claim for the newly revealed Presidential Money Gallery.

So, what's the catch?

Just be absolutely sure to call in your claim before the 7-day deadline if you want to get the entire first

year's coins free.

This is all happening because the World Reserve is issuing the newly revealed Presidential Money Gallery to the general public to hold all forty of the U.S. Mint's® first ever Presidential Dollar Coins. Rations of these coins are uncertain because each dollar is only minted for just 93 days and all of them will be delivered according to the U.S. Mint's release schedule.

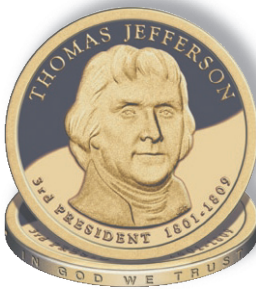
"These new Presidential Coins are beyond compare because they're actually carved with edge lettering bearing the date, Mint mark, IN GOD WE TRUST and E PLURIBUS UNUM, which results in the coin's rare tactile feel," said Director Aaron T. Stryker from the World Reserve Monetary Exchange.

"Once they're gone, they're gone

and by law once the U.S. Mint shuts off, they will never be minted again. That's why the World's premier private numismatic exchange is widely advertising its plans to issue the Presidential Money Gallery. We want to make absolutely sure readers of this publication know that there are only 7 days left on this announcement to get the entire first year of Presidential Dollar Coins free, in never-circulated condition," Stryker said.

Those who get in on this free giveaway by claiming the World Reserve's exclusive Presidential Money Gallery will be able to show off the entire collection of all 40 of the U.S. Presidential Coins. That's why it's so important to beat the 7-day deadline right now.

"At the rate we are giving these away we will be forced to hand out



Front Side



Front Side



Reverse on Each



Front Side



Front Side

■ **ENTIRE FIRST YEAR FREE:** These are the four Presidential Coins everyone is trying to get because they are actually carved with edge lettering which makes them beyond compare. Only those who call to beat the 7-day order deadline for the newly revealed Presidential Money Gallery are getting the coins free. But readers must make sure they get through to the Direct Claim Line at 1-800-731-3503.

more than \$1 million of these valuable new Presidential Dollar Coins free to the general public," Stryker said.

Collectors are trying to get all they can because these are no ordinary coins. These are real U.S. Treasury first issues in never-circulated condition. Smart collectors know how valuable first issue coins can be.

U.S. Savings Bonds used to be the most popular gift to give. But now these never-circulated Presidential Dollar Coins are what everybody wants.

And, since everyone is trying to get them, one thing is for sure. Only those lucky enough to get in on this now are certain to get the entire first year's coins free.

What does all this mean for you?

Well, coin values always fluctuate. But just think if you would have saved one uncirculated Eisenhower Dollar from as recently as 1973. Believe it or not, it's now worth 1200% more today. So, getting four Presidential Coins free with the twenty-eight dollar Presidential Money Gallery is a real steal.

And remember, these are never-circulated coins. To be among the first to get these never-circulated Presidential Dollar Coins you must make sure you get through to the Direct Claim Line. That number is 1-800-731-3503. If lines are busy please be patient.

But whatever you do keep trying, because all claims will be honored before the 7-day deadline expires. ■

How to get your free coins

Here's the number to call:

Direct Claim Line 1-800-731-3503

Dept. AD111

Begin calling at 8:30 a.m. today

Claim lines close in 7 days

The World Reserve has just announced that it is giving away the entire first year of the Presidential Coins free for those who beat the order deadline to cover the \$28 claim plus shipping for the newly revealed Presidential Money Gallery. These coins will be delivered in never-circulated condition and protected with professional display capsules that are also being issued free to protect the coins and to allow for the viewing of their special edge markings. Those who miss the deadline will be turned away and required to wait for future announcements authorized by the World Reserve in this or other publications. THE U.S. MINT® IS A REGISTERED TRADEMARK OF THE UNITED STATES MINT. THE WORLD RESERVE MONETARY EXCHANGE IS NOT AFFILIATED WITH THE UNITED STATES GOVERNMENT OR ANY GOVERNMENT AGENCY. OH RESIDENTS PLEASE ADD SIX PERCENT SALES TAX AND SORRY NO SHIPMENTS TO CT, MA, MN, TN, AND VT RESIDENTS. ALL TRANSACTIONS LESS SHIPPING, ARE BACKED BY THE FULL VAULT CONTENTS OF THE WORLD RESERVE MONETARY EXCHANGE WITH A MONEY BACK GUARANTEE UP TO \$10,000.00.



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■ **THEY'RE HERE:** Armored trucks arrive with the first coins at Grand Central Station.



Marine Capt. Ryan Crais, left, an adviser with Military Transition Team 1, enjoys a meal with 1st Lt. Mohamed Raad, center, and other soldiers from the 1st Iraqi Brigade. *John Raughter*

a cache of weapons or known terrorist activity, we just seize the property and send the terrorists to prison.

Q: *The cost of war is always in front of you in a place like Ramadi, right?*

A: The first morning I was there, I heard about a field memorial service. It was one of the most memorable moments of my time in Iraq, maybe in my life. Three soldiers' crosses. A slide presentation. There were speakers; friends of each fallen soldier spoke. The camp commander and battalion commander spoke. Every member of the unit was there. Three guys, all Idaho Army reservists based out of Boise, all born in 1985. They were killed instantly by an IED. (See Page 36.)

The memorial was very somber. One of the NCOs said he thought it was inappropriate for me to take a camera into it. I tried to keep a low profile. I thought the families would like to know about the memorial service. That was confirmed later when I got an e-mail from the mother of Sgt. James Holtom's fiancée. She saw the picture and story of the service on The American Legion Web site. She thanked me. It was the first article I wrote from the Iraq trip.

The memorial service was the most affected I saw anyone while I was in Iraq. They lost their buddies.

Q: *Does the random nature of terrorist attacks get to the soldiers?*

A: You never know where or when it's going to happen. You might be in the most peaceful part of Baghdad. Then a car-bomb strike.

Q: *How does that affect their nerves?*

A: I don't think I saw anyone who was visibly frightened the whole time I was there. They didn't show it. They were always decisive. They always knew what to do.

Every branch works well together. The Marines and the Army are who I spent most of my time with, and Navy corpsmen. What the corpsmen do is extremely dangerous. Any time anyone is hit on patrol, it's the corpsman who's immediately put in the line of fire.

Q: *And the enemy does not hold back on medical personnel.*

A: They will happily take out corpsmen. These are terrorists who use children in suicide bombings. What they'll do is leave children in a car. The adults run away. The car blows up.

Q: *These terrorists are not always Iraqi either, correct?*

A: The Sunni majority in Anbar is what makes it more hostile. Sunnis used to be in power under Saddam, and some are now sympathetic to al-Qaeda. A lot of the terrorists are foreigners who have come in from Syria, Iran – even Jordan, a friendly country. Some are Chechen. They are coming from all over the Arab world.

Q: *What did you learn about the Iraqi Army trying to suppress them?*

A: My first few days in Eagle's Nest I spent with Capt. Ryan Crais. He took me under his wing. He is not a public-affairs officer. Crais is a Marine whose role is to train and advise the IA, the Iraqi Army. Crais was a take-charge kind of guy, very familiar with infantry tactics. I think he appreciated the fact that I am a former Marine. He and I and an Iraqi lieutenant all shared one room in the Eagle's Nest. Crais was like an honorary Iraqi. He got to know the culture. He enjoyed being a part of it. He joked with them. He ate with them. They were his friends. He said he felt as much a part of them as any unit he'd served in. And he was very fed up with news coverage of the Iraqi Army that treated them like a bunch of buffoons. This



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Prescription LYRICA is not for everyone. Some of the most common side effects of LYRICA are dizziness and sleepiness. Others are dry mouth, swelling of hands and feet, blurry vision, weight gain, and trouble concentrating. You may have a higher chance of swelling or gaining weight if you are also taking certain diabetes medicines. And, if you drink alcohol or take medicines that make you sleepy, you may feel more sleepy when you start LYRICA. You should not drive a car or work with machines until you know how LYRICA affects you. Tell your doctor about any changes in your eyesight, muscle pain along with a fever or tired feeling, or skin sores due to diabetes. Also tell your doctor if you are planning to father a child. If you have had a drug or alcohol problem, you may be more likely to misuse LYRICA. You should talk with your doctor before you stop taking LYRICA or any other prescription medication. *Please see important product information on adjacent page.*

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IMPORTANT FACTS



(LEER-i-kah)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may make you feel dizzy or sleepy.

- Do not drive a car, work with machines, or do other dangerous things until you are sure you will be alert. Ask your doctor when it is okay to do these things.

LYRICA may cause problems with your eyesight, including blurry vision. Call your doctor if you have any changes in your eyesight.

ABOUT LYRICA

LYRICA is a prescription medicine used to treat:

- Nerve pain from diabetes
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This pain can be sharp or burning. It can feel like tingling, shooting, or numbness. Some people taking LYRICA had less pain by the end of the first week. LYRICA may not work for everyone.

WHO IS LYRICA FOR?

Who can take LYRICA:

- Adults 18 years or older with nerve pain from diabetes or after shingles

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

LYRICA has not been studied for nerve pain in children under 18 years of age.

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions. Tell your doctor if you:

- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused drugs or alcohol. LYRICA may cause some people to feel "high."
- Are either a man or woman planning to have children or a woman who is breast-feeding, pregnant, or may become pregnant. It is not known if LYRICA may decrease male fertility, cause birth defects, or pass into breast milk.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you take:

- Rosiglitazone (Avandia®)* or pioglitazone (Actos®)** for diabetes
- Narcotic pain medicines such as oxycodone, tranquilizers, or medicines for anxiety such as lorazepam
- Any medicines that make you sleepy

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- Dizziness and sleepiness
- Eyesight problems
- Weight gain and swelling of hands and feet. Weight gain may affect control of diabetes. Weight gain and swelling can be serious for people with heart problems.
- Unexplained muscle pain, soreness, or weakness along with a fever or tired feeling. If you have these symptoms, tell your doctor right away.
- Skin sores. In LYRICA studies, skin sores were seen in animals but not in humans. If you have diabetes, pay extra attention to your skin. Tell your doctor about any skin problems.

The most common side effects of LYRICA are:

- Dizziness
- Sleepiness
- Swelling of hands and feet
- Blurry vision
- Weight gain
- Trouble concentrating
- Dry mouth

You may have a higher chance of swelling or gaining weight if you are taking certain diabetes medicines with LYRICA. Medicines that already make you sleepy or dizzy may make you feel more sleepy or dizzy with LYRICA.

HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor may tell you to take it 2 or 3 times a day.
- Take LYRICA with or without food.

Don't:

- Do not drive a car or use machines if you feel sleepy while taking LYRICA.
- Do not drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Do not change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Do not start any new medicines without first talking to your doctor.

NEED MORE INFORMATION?

- Ask your doctor or pharmacist. This is only a brief summary of important information.
- Go to www.lyrica.com or call 1-888-9-LYRICA (1-888-959-7422).



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particular unit – and I am not speaking for the entire Iraqi Army – had a very good combat record. And they were extremely hospitable.

The Iraqi soldiers I met could not be nicer, but they definitely wanted to kill terrorists. It takes a lot of balls to be an Iraqi soldier or police officer. Their families are targeted. They don't get paid much. They are dying maybe at a rate of 3-to-1 more than Americans. I have nothing but respect for those I met. They are determined to bring peace to their country.

Q: *What about the language barrier?*

A: There was Lt. Mohamed Raad, the Iraqi company commander, who spoke some English.

He had often been confronted by the insurgents. He was a Shiite. They told him he needed to work for them. He didn't think the same way. Then they started targeting him. (See story below.)

Q: *Aren't there Sunnis and Shiites serving together in the Iraqi Army? How does that go?*

A: Lt. Raad told me the religious traditions of the men in the unit did not matter. He had Sunni, Shia, Christians and Kurds.

Q: *What is his motivation to fight?*

A: He loves his country. He said he believes we should stay there at least until the Iraqi Army is fully trained in about a year. He hates Saddam. He

IRAQI ARMY OFFICER: 'I WON'T QUIT'

First Lt. Mohamed Raad leads 108 men in 4th Company, 1st Iraqi Army Battalion. The battalion is the first Iraqi Army unit assembled in post-Saddam Iraq. The battle-hardened men have fought terrorists in Fallujah, Ramadi, al-Qaim and Baghdad. Raad, 28, spoke with *The American Legion Magazine* from Malaab, one of the deadliest areas of Ramadi.



Q: *What is the current state of the Iraqi Army?*

A: Right now we are not able to support ourselves. It is Iraq, though, that will determine the future of Iraq. There are things that only we can do that the Americans cannot. I am Iraqi and I know how Iraqis act. I also know how terrorists act. There are things that some Iraqis will tell me that they would never tell Americans ... where an IED is planted or a weapons cache is. We need armor, tanks and airplanes. We also need heavy guns, support and artillery.

Q: *Do you think the United States should keep its forces here or bring them home?*

A: I think the U.S. should stay for maybe another year. I believe we can make a lot of progress in that time. We must make the Iraqi Army and Iraqi police stronger. I do believe that when it is time for the United States to leave, our two countries can remain good friends. But it would be a mistake to leave too early.

Q: *Sectarian violence is a huge problem. Why can't the Iraqis get over their religious differences?*

A: I think we can. I am Shia, and most of my men are Sunni. We also have Christians and Kurds in our battalion. We are like brothers. We are seeing tribal leaders take a greater stand against the terrorists. We need more of that.

Q: *What is the biggest problem the Iraqi Army faces?*

A: Intimidation by the terrorists. I hate the terrorists. The terrorists care about nothing. They killed my brother in Baghdad seven months ago because they thought he was me. He was just a civilian. First, the terrorists asked me to build IEDs for them. I refused. The terrorists had told me that they would double my pay and keep me safe.

Q: *Why did you refuse?*

A: Because we cannot give in to terrorism. Most of the terrorists are foreigners coming in from Syria, Iran and Saudi Arabia. I hated Saddam and was happy to see him executed, but nobody was crossing the border when he was in charge. If we kill 100 terrorists, more keep coming in. We have to close our borders. My father would like me to quit the army because he is scared and still upset about my brother. One executive officer in our battalion quit because terrorists called his family and said they would kill them if he didn't leave. Two company commanders have also left because they were scared. I won't give in to terrorism. This is my life. I like the Iraqi Army. I won't quit.

Interview: John Raughter

had Saddam's hanging programmed into his cell phone. He said he honestly did not know what the future of his country was going to be, but he knew which side he belonged on.

Q: *Are there any visible signs of Saddam support or desire to avenge him?*

A: If you are a Saddam supporter, you are not going to put a poster up in your window.

Q: *Are the Iraqis becoming more independent?*

A: Out on patrols, I saw Capt. Crais trying to shift more of his responsibilities over to them. They were doing more and more, giving more orders on their own and leading their own patrols.

Q: *And they are putting their lives on the line.*

A: For five days or so in Ramadi, I went out on patrols, some of them mounted patrols in Humvees. We went out at night. We looked at suspicious buildings. We looked for terrorists. Everywhere around us it sounded like the Fourth of July. Automatic weapon fire.

On one patrol, we were supposed to leave at midnight but didn't get out until 2 a.m. We were with the 1/9 U.S. Army out of Fort Collins, Colo., the 1st Battalion Military Transition Team and the Iraqi Army. A lot of people. It seemed pretty routine to these guys. Intel reports had come in that there were terrorist activities.

I was an arm's length from Capt. Crais most

'THESE SOLDIERS ... WILL ALWAYS BE PATHFINDERS'

Three heroes from the same state who fell on the same day are remembered.

AR RAMADI, Iraq – In war, it is said that tragic events happen in threes. But sometimes one horrible event is magnified by three. Such is the case of three young Idahoans who were all born in 1985, all loved their country and all served together with the same U.S. Army Reserve unit in Iraq. They died together.

Sgt. James J. Holtom, Sgt. Ross A. Clevenger and Pfc. Raymond M. Werner were clearing routes so that others could safely travel the rough roads around Fallujah. On Feb. 8, an improvised explosive device detonated on their armored vehicle. Such is the risk for those on Team Badger.

"It only hurts so much because we love them so much. Badger forward!" said Capt. Eric Coulson, commanding officer of Company A, 321st Engineer Battalion, at a memorial service in Ramadi Feb. 13.

It is clear the men were loved by those they served with, but the loss was perhaps most deeply felt by Staff Sgt. Brandie Brown. Brown met Clevenger in January 2006 and became engaged to him in September.

"He was just the most lovable, funniest, clumsiest person you would ever meet," she said through her tears, clutching a miniature stuffed moose. "I bought this for him to take in his vehicle to keep him safe on his missions. He bought me one, too."

Clevenger was a fan of Bigfoot, friend Amie Vanek remembered on a Web site. "It's hard to pick out one memory of Ross. He was a guy so unique

every time you talked to him was a memory. What comes to mind when I think about Ross would be his creativeness and unfailing belief in the unbelievable. Speech class in 10th would be the best example, when Ross did a speech on the existence of Bigfoot. The whole class was crying from laughter. He has been a hero of mine for awhile now; I'm glad the world views him as one too."

Holtom, of Nampa, Idaho, was also engaged. The 22-year-old vehicle commander was the quietist of the trio, according to those in his unit. "He was efficient with his use of words in my presence," Coulson remembered. "He was the sort of NCO a commander counts on. He knew the status of his soldiers and weapons at all times."

Coffee drinking was one of his passions. "If you ever had a problem, Sgt. Holtom was always there to talk to," Pfc. Phillip Kildow said. "He would always listen with a cup of coffee in his hand. He loved coffee, had an espresso machine and made undoubtedly the best coffee in the unit. Sgt. Holtom was like an older brother to me. He was quiet, but when you got him going on something he could go for hours. I remember being with Sgt. Holtom and the conversations we would have talking about everything from relationships, school, politics, life, the future. The encouragement that he gave me without saying a word. Just his presence was encouragement."

Holtom's enlistment in the Army came as a surprise to his family. "He never really talked to my parents about it," his brother, Ben, told a Boise television reporter. "He just came home one day

of the time. He had night-vision goggles, and I did not. He had his grenade launcher. We were a couple of football fields away from the Eagle's Nest when we were staring at a blue saucer at our feet. Pretty darn obvious. You don't want to step on that thing. We backed up. Then there was this huge bang and a flash of light, extremely loud. (See Page 28.)

Capt. Crais took charge. "Gather up the bodies! Get the dead!" He got on some people who were moving too slow. Four Iraqi soldiers were wounded. One was obliterated. They were maybe five meters from me. My first thought after the explosion: "Why am I not in pain? Why am I not in a million pieces?"

You know what it was? There was all this debris in the street. Ramadi's messed-up infrastructure probably saved my life. The shrapnel went north-south. I was west. And all the crap in the street was heaped up between the IED and me.

Q: So the blue saucer was a decoy and the Iraqis stepped onto a real IED?

A: Exactly.

Q: What happened then?

A: Capt. Crais immediately went to the guys who were wounded. He told his people to return to Eagle's Nest. The Navy SEALs came. We gathered the wounded, and the guy who

and said he'd signed up for the Army, and he never really talked to them about it. My dad, he understood, but my mom didn't stop crying for three days. That's just what he wanted to do."

Werner was known for his smile and his wit. "He had such a way with people, and he was always making everybody around him laugh," Spc. Justin Volle said. "It didn't even have to be that funny. Just listening to that guy made you smile." The 2004 graduate of Cole Valley Christian School in Meridian, Idaho, leaves behind his wife, Lacey.

"I'm so sad we didn't get to have our married life together," Lacey Werner said at her husband's funeral in Idaho. They were married just a few weeks before he left for his training and deployment. Lacey said her husband would call her nearly every day from Iraq.

"We'd turn on the Web cam," she told the Nampa, Idaho, *Press-Tribune*. "He'd watch me put on my makeup. He'd have questions and comments. I'm so glad we had those mornings together. Not a day went by that I didn't say I was so

proud of him. And he'd say, 'No, Lacey, I'm proud of you.'"

Pride and sorrow dominated the atmosphere of the field memorial service. "These soldiers, day-in and day-out, cleared routes for others," said Col. Michael Hoxie, commander of Task Force Pathfinder. "They did it knowing the dangers and never saying no. Just the night before on 7 February, the soldiers of 3rd Platoon, Alpha Company, set out to perform a very important mission. That mission was to clear a path, to map out a route, leading a personnel recovery team to a helicopter crash site. On that mission, they successfully cleared several IEDs, allowing the recovery team to get to the site to bring home the remains of fellow warriors so that other families can grieve in peace. On 8 February, Pfc. Werner, Sgt. Holtom and Sgt. Clevenger died in the face of the enemy, performing a mission they believed in and serving a country they loved. Now it's time for us to grieve, to mourn their loss and tomorrow we will

go out again – but not alone. The spirit of these great men will be guiding us, leading us to victory and we will not fail them. We will honor their service and continue to fight. Sgt. Ross Clevenger, Sgt. James Holtom, Pfc. Ray Werner. These soldiers are and will always be pathfinders."

– John Raughter



Staff Sgt. Brandie Brown mourns in front of a memorial display for her fiancé, Sgt. Ross Clevenger, who was killed in a roadside bomb attack. John Raughter

had stepped on the pressure plate. They put them into ambulances. I was thinking that could have been me. These were good guys, good Iraqis on our side. There are comparisons, I think, to the Continental Army during the Revolution. They want to build a free and peaceful country.

Q: *A frightening moment.*

A: I was a little nervous at that point. Definitely something I will never forget.

Q: *You also spent a day shadowing one soldier.*

A: Cpl. Michael Santos. (See below.) He was hoping to get on with the San Bernardino Sheriff's Depart-

A DAY IN THE LIFE OF A SOLDIER

In a place where any day can be your last, there are no ordinary days in the lives of U.S. soldiers serving in Iraq.

Cpl. Michael Santos was supposed to leave the Army on Dec. 27, 2006. Instead, he is still serving his country in the heart of Ramadi, on the third overseas deployment of what was supposed to be a four-year enlistment. The native of Hesperia, Calif., hopes to become a San Bernardino County Sheriff's deputy after discharge. By then, the 24-year-old will have 24 months of combat duty in Iraq under his belt. The op-tempo has been frustrating for him at times, but his platoon sergeant calls Santos an "outstanding professional." Few could blame him for wishing to return to his wife of four years, Melinda, with whom he has spent little time. The acting squad leader with Company D, 1st Battalion, 9th Infantry Regiment, allowed *The American Legion Magazine* to spend a day with him in February. It was anything but ordinary.



2330 Wakes up on a cot in a room of 10 soldiers at Eagle's Nest observation post in Ramadi. Washes face, brushes teeth, shaves.

0000 Assumes duty as a radio monitor in a room the Army calls "the Talk." Listens intently to reports from soldiers out on patrol.

0400 Enjoys a mint chocolate chip ice-cream cup from the Eagle's Nest freezer, while listening closely to radio reports.

0430-0615 Studies Unmanned Aerial Vehicle (UAV) images on a computer map, while continuing to monitor the radio.

0615 Duty relief arrives. Returns to cot. Sleeps.

1330 Wakes up. Changes uniform. Brushes teeth.

1400-1410 Participates in a general clean-up of the common areas. Platoon Sgt. Jack Robison directs Santos to make a supply run to nearby Camp Corregidor at 1530.

1415-1420 Writes list of supplies needed from Camp Corregidor. Most important: food and fuel.

1430-1450 Assisted by two squad members, loads a trailer with empty fuel cans and food containers.

1455 - 1515 Enters his Humvee with squad members. One of his squad members mans the vehicle's machine gun. They depart.

1515 Clears weapon at the gate of Camp Corregidor.

1519 Disembarks the Humvee.

1520 After an ear-shattering mortar hits Camp Corregidor, he is instructed to run into the headquarters building from the muddy parking lot.

1522 A second mortar hits the camp.

1525 Exits the building. Sweeps the area for casualties. None.

1530 Joins friends on a cigarette break outside the "Manchus" headquarters building. Concrete barriers protect some of the area from mortars.

1540-1700 Sorts and reads mail in his room back at the headquarters. A friend says a Marine unit's canine bit "Sam the interpreter" the night before. "That dog has PTSD," Santos swears. Two more mortars are fired at the camp.

1616 His lieutenant tells him he will probably be ordered to participate in a mission at 0300 to kill or capture "HVs," high-value insurgents who are suspected of killing U.S. forces.

1620 "What day is today?" Pfc. Joey Owens asks. It's Saturday. Weekends are a foreign concept; they have been on duty seven days a week throughout their tour.

1701 Drives to the Camp Corregidor dining facility.

1705-1730 Works with other soldiers in his unit to load food onto the trailer.

1730-1735 Returns to headquarters and picks up radio antennas and microphones to bring back to Eagle's Nest.

1736-1815 Waits in the headquarters parking lot for officers to join in a convoy back to Eagle's Nest.

1815 Convoy departs Camp Corregidor.

1830 Convoy arrives at Eagle's Nest.

1835 Eagle's Nest loses electrical power.

1840 Tries to repair power short. Receives a 220-volt shock.

1920 Helps Iraqi soldier fix the electrical problem.

1935 Eats dinner. Ham slice and cheeseburger.

1955 Assumes duty as sergeant of the guard. Monitors radio in "the Talk."

2130 Relieved of duty. Told by his platoon sergeant that his guard duty in the tower and his patrol in Malaab are cancelled for the night. No explanation given.

2130-2135 Checks the status of all the men on his team.

2136-2240 Studies for his E-5 board.

2240 Plays video games on a laptop computer.

2300 Returns to cot. Sleeps.

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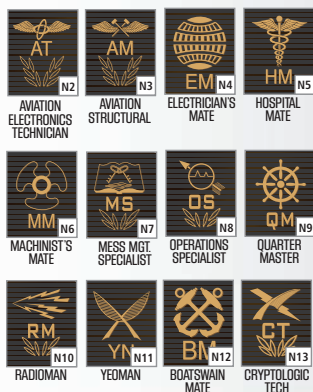
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ment. Active-duty Army on his second tour of Ramadi. He was involuntarily extended, but he was still motivated. Frustrated but motivated. He wanted out in December, yet here he was in February, with me. He was a squad leader. I was very impressed with Santos. You don't become a squad leader in the infantry if you don't do your job.

It was a pretty laid-back day, a Saturday. Things were winding down. We went to make a supply run to Camp Corregidor. We got there, and suddenly there were these deafening blasts. They were taking mortars at Camp Corregidor, from the insurgents. There were shouts coming from inside the building to get inside. Suddenly, I have this sense of urgency. I'm grabbing my pack and my gear, getting out of the Humvee, and I fall flat on my face in the mud and the dirt. The guys inside burst out laughing. "Look at the reporter!" I told them later I was there for comic relief.

Santos then left the building and started looking around. I ran after him, but he ran a lot faster. They were checking the perimeter for anyone who might have been hurt. Anytime, without warning, an RPG can go right through the roof of a building and kill someone. There's always that possibility. They're not very accurate, but they can kill you.

Q: *Was that the end of combat danger for you?*

A: I went on a mounted patrol on Malaab Street my final day in Ramadi. We were going back and forth, up and down the street. You see the kids. You see the MAMs. Then we got a report that a Katushka rocket had been fired. They went out looking for it and whoever was behind it. I begged them: "You gotta let me go with you." They didn't let me. The platoon sergeant sensed an ambush. They drove a Humvee through a gate, broke into a building and found a sawhorse with some white PVC pipe attached to it. That's what they were using as a launcher. After that I left Malaab.

Q: *Did you witness much in the way of infrastructure progress or other social change in Iraq?*

A: No, not at that time, but I have been e-mailing with some of the guys I met, and I know things are getting better. I wanted to be in Anbar Province where they were actively engaged. I wanted to be with the Army and the Marines.



Cpl. Michael Santos, left, surveys Camp Corregidor in Ramadi for damage after an enemy mortar attack during a supply run. *John Raughter*

Q: *But the story of U.S. progress in Iraq remains somewhat under-reported.*

A: The media don't really report it as progress when we kill terrorists. Other media get in with antiwar agendas. I ran into a guy who was writing a book, a Vietnam War draft dodger who somehow got media credentials. He actually told me that if you die in Afghanistan it's honorable, and if you die in Iraq it's not. That's how the story of our progress appears out of focus sometimes in media.

Q: *How did spending your time face to face with the troops, embedded in a unit, affect your understanding of the war?*

A: Embedding is a brilliant concept. The antiwar people will say embed is "in bed." I don't see it that way at all. I'm glad I spent my time in Iraq with a unit rather than in some hotel. Embedded, you get to see what a 24/7 deal it is. And it works for both sides. It shows the media that the members of our military are human, and vice versa.

Q: *You'd go back?*

A: I want to go back. I'm ready to go back. Any time, without hesitation. 🇺🇸

Interview: Jeff Stoffer

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RESCUE IN BOSNIA

Americans saluted Air Force fighter pilot Capt. Scott O'Grady, who survived after his plane was shot down over Bosnia in 1995. O'Grady insists the true heroes are the Marines who brought him home.

BY DAN ALLSUP

June 2, 1995, began as just another day on the calendar for Air Force fighter pilot Capt. Scott O'Grady. Supporting Operation Deny Flight, his job was to patrol the skies over Bosnia and prevent enemy air operations in the region's no-fly zone. Then his F-16 *Fighting Falcon* took a belly shot from a Serb SA-6 surface-to-air missile.

The wingman didn't see a parachute. But O'Grady was gone, and no one knew if he was dead or alive. U.S. and NATO troops were ready to



MH

Matt Hall

pounce if the young fighter pilot had been taken captive. Among them were U.S. Marines onboard the amphibious assault ship *USS Kearsarge*, which was patrolling the Adriatic Sea off the Bosnian coast. As the next few days passed, they trained relentlessly, eager to transition into actual rescue mode and recover the downed pilot. “We rehearsed constantly,” recalls Maj. Gen. Martin Berndt, then a colonel and commander of the 24th Marine Expeditionary Unit aboard the *Kearsarge*.

“We got to the point where everybody could do everything they needed to do without even thinking.”

All Systems Go. Finally, at 2 a.m. June 8, Berndt overheard a radio transmission between an F-16 pilot and someone on the ground. O’Grady was alive and in a pine forest south of the Bosnian city of Banja Luka. Berndt immediately rallied his crisis-action team in the ship’s war room, where

they waited impatiently for the “go” order from Adm. Leighton “Snuffy” Smith, commander of NATO’s southern forces.

“We were on the phone with Adm. Smith almost immediately,” Berndt says. “The only real question was if we should launch immediately or wait until we had the appropriate air-defense systems available. We decided to execute in the early daylight hours because we could minimize the risk with air support in place.”

When the rescue mission launched at about 5 a.m., an interservice airborne armada of more than 40 aircraft took to the skies. It included land-based NATO AWACS air-traffic-control planes; Air Force F-15s, F-16s and A-10s; Navy F-14s and F-18s; four AV-8 Marine Harriers; two AH-1W Cobras; and two CH-53E Super Stallion helicopters. All were assigned to the *Kearsarge*.

The sky was clear when the Marine aircraft lifted off the *Kearsarge* and turned toward the rising sun. Onboard *Dash-2*, one of the two massive Super Stallions, Berndt and his team circled off the Bosnian coast for a half hour, waiting for the fighters to arrive. With air support in place, the helicopters continued east. Less than an hour later, they reached O’Grady’s location, but their hearts sank when they saw that the landing zone was cloaked in heavy fog.

“You couldn’t see the ground; there was no visibility whatsoever,” Berndt recalls. “Then a small hole opened up, and Maj. Bill Tarbutton, the lead CH-53 pilot, literally stood his helicopter on its tail and dropped through the opening like it was sliding down a rope.”

Wild-Eyed Apparition. Immediately after the first CH-53 landed, 20 Marines clambered out and secured the perimeter. *Dash-2* followed, unloading more Marines and their 50-mm machine guns. Before they could even begin their search, a wild-eyed O’Grady, armed with his issue handgun, appeared like an apparition from the forest and ran toward *Dash-2*. Unable to communicate over the rotor noise and not taking any chances, crew chief Sgt. Scott Phister slapped the weapon from O’Grady’s hand before shoving the bewildered airman into the helicopter.

“He looked like a guy who had been in a forest for several days,” Berndt remembers. “He hadn’t shaved in a week, and he was very thin and pale. Other than that, he was in good health. The way he came running across the field showed he didn’t have a back injury or a broken leg, so that was good news.”

A crewman wrapped the shivering pilot in Berndt’s jacket as the Marines jumped back onboard the helicopters. On the ground for no more than three minutes, the operation was textbook, Berndt says.

Soon O’Grady was eating a sandwich – a



Capt. Scott O’Grady poses in the cockpit of an F-16 jet at Hill Air Force Base, Utah, in May 1996. The pilot, who gained national attention when he survived a crash in Bosnia, later left active duty for the reserves. AP/Fred Hayes

welcome relief from six days of bugs and grass. But the mission wasn’t over yet. Both helicopters had to dodge Serb missiles on their return flights, and *Dash-2* absorbed small-arms fire. One nearly-spent round struck a crewmember’s canteen before falling harmlessly to the chopper’s floor. About 45 minutes later, the rescuers were back aboard the *Kearsarge*. From lift-off to return, the entire operation took just over two hours.

O’Grady soon captured America’s headlines and heart. A dizzying whirlwind of press conferences and appearances on television talk shows followed his rescue. Calling O’Grady “one amazing kid” at a White House luncheon, President Clinton said the fighter pilot “made all Americans proud.” Attempting to deflect the accolades from a country hungry for heroes, the airman paid tribute to those he said were at the “pointy end of the spear.”

“They came in here, they risked their lives to get me,” O’Grady said. “Those are the people on the USS *Kearsarge*, the men and women of the Navy and Marine Corps who came in there and saved me. If you want to find some heroes, that’s where you should look. A hero is somebody who helps somebody else. These boys, they weren’t doing anything for themselves, just for me. The Marines gave me a chance to live. They’ll always be my heroes.” 🌿

Dan Allsup is a St. Louis-area freelance writer.



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The Balkan Blowback

Kosovo's imminent independence and brushes with terrorism fuel concern that the West is giving birth to a new rogue nation in Europe.

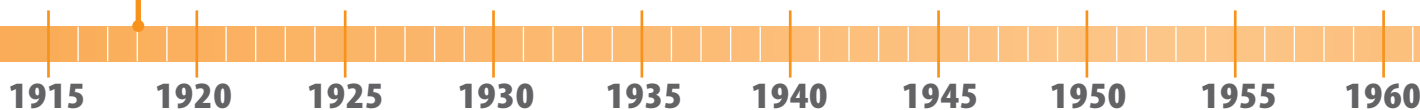


1918 Kosovo is incorporated into what will become Yugoslavia.



1989 Belgrade begins to strip away Kosovo's special status; ethnic Albanians in the region revolt against the new limits on their self-governance; the surge in Kosovar Albanian nationalism triggers a surge in Serbian nationalism; Serbian leader Slobodan Milosevic travels to Kosovo to deliver a speech on the 600th anniversary of a battle between Turks and Serbs.

1990 Serbian officials abolish Kosovo's parliament; more fighting erupts between Serbs and ethnic Albanians, prompting thousands of Serbs to leave Kosovo.



1974 Yugoslavia passes constitutional changes to make Kosovo an autonomous province.

1980 Josip Tito, Yugoslavia's post-World War II strongman, dies. The Yugoslav presidency rotates among the country's various ethnic republics.



2000-2001 Milosevic is defeated for re-election and later arrested. He is detained in Serbia before finally being sent to The Hague to stand trial.

The 'successful war' we lost in Kosovo

America has itself to blame for giving terrorism a toehold in Europe.

BY JULIA GORIN

Until an Albanian plot to massacre U.S. soldiers at Fort Dix, N.J., was foiled in May, most eyes would glaze over at the mention of the obscure, forgotten war zone of Kosovo, currently a U.N. protectorate whose 90-percent-plus Albanian-

Muslim majority is poised to be handed independence by the international community.

Few Americans understand that between Kosovo gaining independence from Serbia and not, America's soul hangs in the balance.

Nor is it widely known that the explosives used in the Madrid and London bombings, as well as those used in the recent attack on the U.S. embassy in Greece, came from Kosovo, a state-in-prog-

ress led by the violent, jihadist, narco-terrorist mafiosos of the Kosovo Liberation Army. The KLA was supposed to have disbanded and disarmed after the 1999 conflict. Instead, it has continued arming itself in the event that the province isn't granted independence this year. It is a bin Laden-trained army of local clansmen, Marxists, university students and jihadists with whom the United States allied itself in 1999 against Serbia, an ally both in World War I and World War II.

"Balkan blowback" is a term often used today to frame a problem that has not gone away but has grown more threatening and complex, with an independent Kosovo looming darkly on the horizon of the global war on terrorism. The blowback

COMMENTARY

1991-1992 Slovenia and Croatia declare independence, igniting nearly a decade of Balkan warfare. Backed by federal forces in the Serb-dominated Yugoslav army, ethnic Serbs in Croatia and Bosnia fight initially to preserve Yugoslavia and later to carve out their own independent enclaves. U.N. arms embargoes leave Croats and Bosnians heavily outgunned.

1993-1995 President Clinton reaffirms the U.S. position opposing Serbian intervention in Kosovo, as war rages in Bosnia and Croatia. NATO air operations are severely hampered by U.N. rules of engagement, enabling Serb forces to hold large areas of Croatia and Bosnia.

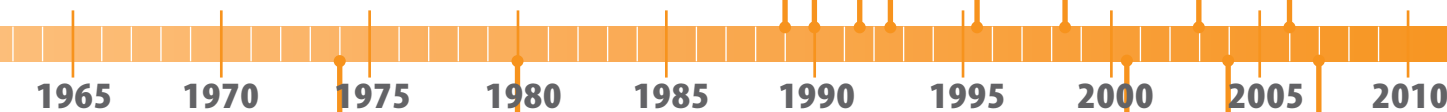
1995-1996 Croatia launches Operation Storm, expelling 250,000 Serbs from the Krajina region. Breaking free of the U.N. chain of command, NATO launches large-scale air attacks against Serbian forces in Bosnia. Croat and Bosnian Muslim forces win victories on the ground; all sides agree to the Dayton Peace Accords, paving the way for a NATO peacekeeping force of 60,000 troops to enter Bosnia.

1998-1999 NATO warns Milosevic to cease military response in Kosovo. Air strikes against Serbian security forces and government facilities begin. The Clinton administration accuses Milosevic of deporting and killing Kosovo Albanians. Milosevic is indicted for crimes against humanity. In June, he withdraws Serbian forces from Kosovo, opening the way for a NATO peacekeeping force known as KFOR.



2003 Yugoslavia is abolished. Remnants of the republic, Montenegro and Serbia, are formalized as countries. Kosovo remains a semi-sovereign part of Serbia.

2006 Former KLA commander Agim Ceku, indicted as a war criminal by Serbia, is elected prime minister of Kosovo. Milosevic dies in The Hague, short of his trial's conclusion.



2004 Albanian mobs riot in Kosovo, claiming 20 lives, damaging 30 Serbian Orthodox churches and 900 homes.

2007 Serbia is exonerated of genocide charges at The Hague. U.N. Special Envoy for Kosovo Martti Ahtisaari presents a plan for Kosovo's "supervised independence." The United States and the European Union support it, but Russia, Serbia, Spain, Greece and others oppose it. Kosovo's parliament votes 100-1 for the plan. Serbian Prime Minister Vojislav Kostunica proposes a compromise of "supervised autonomy."



Graphic: Holly K. Soria

Europe's Rorschach Test

Kosovo independence – the better of two tough choices – calls for close supervision.

BY ALAN W. DOWD

Before the Kosovo war, Lt. Gen. Michael Short traveled to Belgrade to underscore how serious Washington was about protecting the predominantly Albanian enclave of southern Serbia. Short's words were prophetic: "Nothing here will ever be the same, if we do this."

But after years of empty threats, Serbia's Slobodan

Milosevic thought Washington was bluffing. He was wrong.

What followed was a 78-day bombardment of Serbia, the establishment of a NATO protectorate on Serbian soil and the collapse of Milosevic's regime. Today, the European Union and Washington are ready to grant Kosovo "supervised

"In the event of conflict in Kosovo caused by Serbian action, the United States will be prepared to employ military force against Serbians in Kosovo and in Serbia proper."

President George H.W. Bush's "Christmas Warning" to Slobodan Milosevic, December 1992

"We who live in the Serbian province of Kosovo and Metohija find it difficult to understand why so many voices of influence in Washington support a course of action that would hand to the terrorists a significant victory in Europe. Detaching Kosovo from democratic Serbia would mean a virtual sentence of extinction for my people in the province – the larger part of my diocese – who continue to face unrelenting violence from jihad terrorist and criminal elements that dominate the Albanian Muslim leadership. Even today, while the international community maintains formal control, Kosovo has become a black hole of corruption and organized crime, including trafficking in drugs, weapons and slaves."

His Grace Artemije, bishop of Raska and Prizren (Kosovo and Metohija)

includes the Fort Dix plot, Madrid and the 2005 London Tube attack that was coordinated in Bosnia. It also includes the fact that Kosovo, like Bosnia, has become a one-stop terror shop, a haven and thoroughfare for wanted terror suspects, a source of "white al-Qaeda" volunteers, and a world capital in drug and slave traffic. This would be reason enough to deny the majority-Muslim Albanians independence, which they've threatened to seize by force in any case.

It is hardly an exaggeration to say that a Serb a day is killed in Kosovo. Amid 2 million Albanians, the 100,000 Kosovo Serbs who haven't yet fled, or have fled and returned, live inside barbed-wire, NATO-guarded perimeters beyond which they dare not venture. When shot at by Albanians, NATO troops are directed to flee rather than return fire, which would draw attention to the province as unstable, exposing that there is the threat of violence should Albanians not get what they want. It all leads to the question, "Why are the people we went to war for shooting at us?"

NATO troops in Kosovo, to which a contingent of 1,500 National Guardsmen was added in November, know to avoid doing any real policing that could result in a firefight. This is how Serbian

nuns continue to be killed, how Serbian property continues to be seized by Albanian squatters, how churches and monasteries are destroyed, as Saudi-financed mosques take their place. In Kosovo, we didn't fight to end racism and ethnic cleansing, as we were told. We enabled it.

Advocates for rewarding violence with statehood tout the Kosovo Albanians as being "the most pro-American lot" there is. It's a dubious endorsement for America if ever there were one.

When good will is acquired by doing someone's bidding, pro-Americanism is won for the wrong reasons, and the gratitude will turn on a dime the moment we stop furthering that party's agenda. In Kosovo, that began as early as 2000, when the Albanians started calling for the U.N. and NATO "occupiers" to get out.

When the architects of our Kosovo war brag that not a single American life was lost in what they describe as a "successful" war, the appropriate response is, "Not yet." The Albanian strategy in Kosovo has in fact been a replay of the Oslo Accords: accept the infidel's help as long as it furthers your territorial ambitions; once the West is no longer willing to carry you to the next stage, turn on it. Our continued courtship of the "Kos-

—→ independence."

Some see this as a cause for hope, others as a cause for alarm. Indeed, Kosovo is like a Rorschach inkblot: perspective is everything.

Consider the presence of Islamic terrorists in the region, often cited as reason to oppose Kosovo's independence. David Hicks, an Australian al-Qaeda member caught in Afghanistan, once

fought alongside the Kosovo Liberation Army. Serbian police have raided terrorist camps near Kosovo. Yet this is a Balkanwide, indeed worldwide, problem. And Kosovo's government is working with Belgrade to overcome it. In April, at Serbia's request, Kosovo issued arrest warrants and set up checkpoints to apprehend suspected terrorists. NATO has seized terrorist bases in Bosnia.

"What we need to remember is that this is the result of a meticulously planned campaign, not an isolated incident of out-of-control rage, a campaign organized by the government of Belgrade for a specific political purpose: to maintain its grip over Kosovo by ridding the land of its people. This policy must be defeated."

President Bill Clinton, April 1999

ovars” has been a mere postponement of inevitable enmity.

Albanians argue that their fight for Kosovo is not an Islamic movement but a national one. Palestinians make the same claim. But the big picture is the same: jihad. The day that Kosovo becomes “Kosova” – an invented pronunciation used by the Muslims, nationalists and vested politicians – is the day we lose a key battle in the war on terror.

Meanwhile, reports have come one after the other raising questions about what really happened in the former Yugoslavia during the 1990s. Spanish forensic pathologist Emilio Perez Pujol went there in 1999 to report on the claims of genocide. He told London’s *Sunday Times*, Spain’s *El Pais* newspaper and other media afterward, “We did not find one – not one – mass grave. There never was a genocide in Kosovo.”

In a 2000 *Washington Post* article titled “Was It a Mistake? We Were Suckers for the KLA,” Christopher Layne and Benjamin Schwarz wrote, “The KLA’s guerrilla campaign was a deliberate attempt to provoke Belgrade into reprisals that would attract the West’s attention. Knowing it could not defeat Yugoslavia without NATO’s military support, the KLA waged a nasty insurgency that included assassinations of Serbian political and military officials ... Although U.S. intelligence warned the Clinton administration of the KLA’s intentions, Clinton and his advisers took the bait: Washington placed the blame for events in Kosovo on Belgrade and absolved the KLA.

“To date, according to U.N. reports, forensic specialists working under U.N. auspices have exhumed 2,108 bodies. It is far from certain that

all of these victims perished as a result of Yugoslav atrocities; some may have been combatants, others may have been civilians caught in the crossfire between the Yugoslav army and the KLA. Still others may have been civilians killed by NATO bombs ...

“Despite the presence of U.S. and NATO peacekeepers, once Yugoslav forces left Kosovo the KLA began a new campaign of terror, this time targeting the province’s Serbian and gypsy populations. This campaign of ethnic cleansing continues unabated ... Meanwhile, across the border in Serbia proper, the KLA – as part of its effort to carve out a greater Albania – is waging guerrilla war in the Presevo Valley region.”

The Balkans remain a taboo subject for discussion in the context of the war on terror – even after 9/11, even as the nightmarish security fallout from our interventions there unfolds on an almost daily basis, with grave implications for the West.

In December 1999, the late *Wall Street Journal* reporter Daniel Pearl wrote that the “allegations – indiscriminate mass murder, rape camps, crematoriums, mutilation of the dead – haven’t been borne out in the six months since NATO troops entered Kosovo. Ethnic-Albanian militants, humanitarian organizations, NATO and the news media fed off each other to give genocide rumors credibility. Now, a different picture is emerging.”

In the 1990s, the Albanian, Bosnian-Muslim and Croatian hordes found that by hiring public-relations firms, they could market their ethnic rivalries and blood feuds to the United States, which would join their civil wars against the Serbs. When we bought into the PR, we repeated an ugly history, one in which we betrayed a man

Terror cells have been uncovered in Britain, Germany, Canada and the United States. Recall the plot by ethnic Albanians and U.S. citizens to attack Fort Dix in May. Recall Sept. 11, 2001.

The independence plan aims to enhance the West’s ability to smother terrorist activity in Kosovo. According to the plan:

- An EU administrator will have the power to overrule Kosovo’s government.
- Kosovo will be monitored by 2,000 EU police and judicial experts, along with the Organization for Security and Cooperation in Europe and 16,500 NATO peacekeepers.
- The EU has invested the equivalent of almost \$3 billion in Kosovo. The United States is investing

“You can’t erase what happened from our people’s memories ... Our thought is never to have Serbs live through what we did.”

Fatmir Sejdiu, president of Kosovo

\$430 million this year and next.

- The plan promises recognition of the Serbian Orthodox Church and “extensive municipal autonomy” for Kosovo’s 100,000 Serbs.

- NATO redeployed troops inside Kosovo to ensure that Serbs were protected during elections in January. Washington has lifted its ban on foreign aid to Serbia. NATO has invited



"We are doing everything that is in our power to avoid this. But if it is going to become independent, we'll do everything in our power – in terms of diplomacy, political and legal efforts – to return Kosovo back to Serbia."

Boris Tadic, president of Serbia

whose Serbian anti-Axis guerrillas during World War II rescued 500 downed U.S. airmen – a man whom a May 1942 issue of *TIME* Magazine featured on its cover and called "one of the most amazing commanders of World War II." It was Draza Mihailovic, whose resistance to the Nazi forces played a significant part in the defeat of Hitler. The United States, however, bought into communist propaganda that convinced the Allies that Mihailovic was fighting the communist partisans as a Nazi collaborator. Abandoned by the United States, Mihailovic was executed in 1946 by the Stalin-aligned Yugoslavia. He was posthumously awarded a long-concealed Legion of Merit, as recommended by Dwight Eisenhower.

Western leaders acted on misinformation and rumor that would help plunge Yugoslavia into half a century of communist darkness that outlived the Soviet Union itself, leaving it vulnerable as a Cold War holdover. That's precisely what happened in the 1990s, when the United States bought into separatist/Islamist propaganda and facilitated Europe's jihadist nightmare. The Balkans would become al-Qaeda's corridor into Europe.

In Kosovo and Bosnia, we have compounded our to-do list in the war on terrorism, according to the 9/11 Commission, by laying the groundwork for al-Qaeda's global ambitions. A 2005 *Guardian* article titled "It's Not Only About Iraq" echoed this finding: "Tellingly, those who monitor Islamism in Britain say the big surge in growth of extremist groups came not after 9/11 or Iraq but in the mid-1990s, with Bosnia serving as the recruiting sergeant."

At least two of the 19 Sept. 11 hijackers were veterans of the Bosnian jihad, as Muslims openly call it. Similarly, when an al-Qaeda recruiting center was raided in Afghanistan soon after the invasion there, it yielded an application from a Kosovo Albanian who boasted experience fighting against Serb and U.S. forces, and recommended suicide operations "against parks like Disney."

Policies and rhetoric out of Washington contradict reality on the ground in Kosovo. U.S. soldiers serving there say it's not Albanians they have to protect from the Serbs, but vice versa. A KLA haven that extends to the United States has been created, as the Fort Dix plot made visible. "Even

"Almost eight years have passed since the Security Council adopted Resolution 1244, and Kosovo's current state of limbo cannot continue. Uncertainty over its future status has become a major obstacle to Kosovo's democratic development, accountability, economic recovery and inter-ethnic reconciliation. Such uncertainty only leads to further stagnation, polarizing its communities and resulting in social and political unrest. Pretending otherwise and denying or delaying resolution of Kosovo's status risks challenging not only its own stability but the peace and stability of the region as a whole ... The time has come to resolve Kosovo's status. Upon careful consideration of Kosovo's recent history, the realities of Kosovo today and taking into account the negotiations with the parties, I have come to the conclusion that the only viable option for Kosovo is independence, to be supervised for an initial period by the international community."

Martti Ahtisaari, U.N. special envoy for Kosovo

→ Serbia to join the Partnership for Peace, a proving ground for NATO aspirants. And Serbia is a candidate for EU membership.

Finally, most experts conclude that Kosovo's reintegration into Serbia is impossible. There are many reasons, not the least of which is what transpired during Milosevic's reign, which saw him repeal Kosovo's autonomy, brutalize Kosovo's Albanians, and foment a decade of war that claimed some 200,000 of his countrymen.

Thousands were killed, and 800,000 were forcibly displaced during Milosevic's final flurry of war crimes. War-crimes courts set up by Serbia conclude that Milosevic tried to conceal his atrocities by transporting corpses out of Kosovo and reburying them further north. Serbian authorities have unearthed mass graves in central Serbia and are handing down guilty verdicts for Milosevic's massacres. Prime Minister Vojislav Kostunica, a proud Serbian nationalist, concedes that Milosevic was guilty of war crimes.

"I am," he contritely declared in 2000, "taking responsibility for what happened on my part →



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"A decision based on Martti Ahtisaari's draft will not get through the U.N. Security Council. The threat of using a veto must stimulate both sides to come up with mutually accepted compromises."

Vladimir Titov, deputy foreign minister of Russia

worse," says American Council for Kosovo director Jim Jatras, "KLA supporters in the United States have operated with virtual impunity, collecting money and weapons to support KLA operations not only in Kosovo, but in neighboring areas of southern Serbia, Montenegro, Macedonia and northern Greece."

Bosnia and Kosovo are part of Islam's current divide-and-conquer approach. Israeli Col. Shaul Shay, author of "Islamic Terror and the Balkans," explains the significance of Kosovo, Albania and Bosnia: "In the eyes of the radical Islamic circles, the establishment of an independent Islamic territory including Bosnia, Kosovo and Albania along the Adriatic Coast is one of the most prominent achievements of Islam since the siege of Vienna in 1683."

And yet the United States seems committed to reward violence and impunity, believing that this will somehow lead to a normal, democratic state. In reality, statehood will merely institutionalize the gangsterism. Meanwhile, all the cynicism is reserved for Serbia, which has been denied by the international community any say in its fate or about the terrorist neighbor being foisted upon it.

When Serbia objects, it is accused of nationalism and told to start being reasonable. The side that's willing to compromise – for example offering "more than autonomy and less than independence" – is the intransigent one, while the side that won't discuss anything short of full independence while

alternately threatening war is our partner for peace. U.N. mediator Martti Ahtisaari has been repeating that independence is "the only viable option" and warning that anything else would invite "violent opposition."

In late March, Reuters reported that the United States, NATO and the EU hope "the U.N. Security Council will adopt a resolution endorsing Ahtisaari's document by this summer. Delaying the move, they fear, might spark Albanian extremist violence against Serbs and the U.N. mission in Kosovo."

During a February mission to Brussels, after getting the usual empty assurances of protections for Kosovo's non-Albanian minority, Jatras pointedly asked a Hungarian member of the European parliament, "Isn't all this talk of protections for Serbs a tacit admission that among the Kosovo Albanians are a lot of violent and intolerant people? Why would you reward their violence with state power?"

Looking Jatras in the eye, the parliamentarian replied, "Because we're afraid of them."

We didn't just sell the Serbs down the river; we sold ourselves. Hard-won American values – like religious freedom, rule of law, civil rights, equal justice – have been sold out. Serbia is the closest thing the Balkans have to a Western society, but we have allied ourselves with the region's most primitive elements at the same time fortifying our enemies in the global war on terrorism.

Disingenuous politicians continue to bring up the "successful war" in Kosovo in contrast to Iraq. It's easy to have a "successful war" when you're fighting for the enemy. 🌿

Julia Gorin is a widely published writer who covers a variety of issues, including the Balkans. She is an unpaid advisory member of the American Council for Kosovo. Read more of her work online.

www.juliagorin.com or www.politicalmavens.com

"We hope that Russia understands that Kosovo is going to be independent one way or another ... It will either be done in a controlled, supervised way that provides for the well-being of the Serbian people, or it will take place in an uncontrolled way, and the Kosovo Serbs will suffer the most, which would be terrible."

Daniel Fried, assistant secretary of state for European and Eurasian Affairs

—➔ for what Milosevic had done," adding that Milosevic was "among those responsible" for crimes against humanity.

In a world as messy as ours today, Washington seldom has the luxury of choosing the best option. The challenge is to choose the least

bad option. Supervised independence for Kosovo is just that. 🌿

Alan W. Dowd is a contributing editor to The American Legion Magazine and a senior fellow at the Sagamore Institute.

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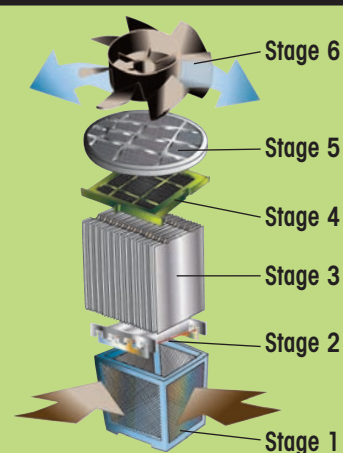
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Problem Solved

Legionnaires in the “Show-Me State” take the challenge of rural VA health-care access into their own hands.

BY BRANDY BALLENGER



FARMINGTON, MO., is a proud heartland town of about 15,000 that fans out beneath a massive water tower bearing its name. It is a place where the dichotomy between tradition and progress is impossible to miss. Fast-food restaurants and the local Wal-Mart tie the outskirts together. Antebellum homes with verandas and turrets fill the historic downtown. There are more than two dozen churches. Community service and honor for veterans, both living and dead, are patriotically held values. The names of residents who lost their lives to war are etched onto a five-panel granite memorial. And today, when a funeral procession for a fallen Farmington-area soldier passes through, residents line the streets and wave American flags.

In the early 1990s, Farmington – like most Midwestern towns – faced a growing need to provide health-care services to veterans. American Legion Post 416 responded by volunteering its gravel parking lot for a mobile VA clinic operated out of a bus. Two days a week, veterans gathered there for treatment. As word spread, the number seeking services increased. Two days became five. Finally, need outpaced capacity. Rented space had to be secured, and when the number of veterans treated in the cramped rented clinic passed 2,000, yet another expansion was brought to the table. A new, stand-alone clinic was needed. Once again, Post 416 had an answer.

The town was well-equipped for its non-veteran patients, with two hospitals,

a state mental institution, and cancer and dialysis centers. But the unique health-care needs of Farmington's veteran population were going unmet, American Legion Post 416 Commander Ken Kelly says. “A kid working at Taco Bell could use his (health-care plan) at any of these hospitals, but there was nothing here for the veterans,” he says.

The nearest VA medical center is an 80-mile drive to Poplar Bluff. “I have a lot of back pain and trouble with my kidneys,” says Kevin Young, a Desert Storm veteran. “Sitting is hard, and driving is even worse. The trip to the Poplar Bluff hospital was three hours round-trip, an all-day ordeal. It would take me days to recover.”

VA had recognized the need for a new community-based outpatient clinic somewhere in the six-county region. But Post 416 members knew that in order to have it located in Farmington, it would have to compete with other area cities. They would need to obtain funding, secure land, and offer their services to keep the clinic supplied and running. They would need a decade's worth of patience. Post 416 was willing and able to make that investment.

Farmington had a secret weapon in its arsenal: Bob Silvey. A Purple Heart recipient and member of the famed 82nd Airborne Division, he parachuted into France the night before D-Day. Silvey isn't one to brag about his accomplishments, military or otherwise, but fellow veterans Ernie Harris and Charlie Germeroth say that when their friend dedicates himself to a mission, roadblocks crumble before him. “About 15 years ago, we

Bob Silvey stands in front of the outpatient clinic he helped create. It is the only clinic in the VA health-care system to be named for a living person.

Sarah Conard

needed money for a new post home,” Germeroth says. “They told Bob the most he could expect to get for the old basement hall would be \$5,000, that he’d be lucky to get that much.” Two days later, Silvey sold it for \$50,000.

When asked if this story is true, Silvey just shrugs and smiles. “I guess it is,” he says. The three veterans share a laugh, and Germeroth gestures toward Silvey. “This man here is a hero in this town.”

The clinic, built and now maintained by Post 416, is a monument to Germeroth’s opinion of Silvey. Through a special congressional decree, the Robert Silvey Outpatient Clinic is the only VA clinic in the United States named after a living person. It’s a testament to the thousands of hours the veteran dedicated to making it a reality. If urged, Silvey might tell you he merely did what was needed to get the job done. But Germeroth and Harris aren’t so shy. They enthusiastically describe how Silvey talked the state hospital into selling the clinic’s land for a reasonable price, how he worked with Rep. Jo Ann Emerson, R-Mo., to gain political



support, how he secured a construction loan for \$400,000 from a local bank, and how he ensured local contractors were hired to do quality work on time. “We had a man there every day, to make sure things were done right the first time,” Silvey says.

Closely monitoring every step of the process were the Farmington-area veterans – including Harris, who can’t help but show off the hand-whittled walking stick he carries. “This was a branch of a tree that stood right where the clinic is now,” he says.

The primary goal, from the time the idea was conceived until the moment the doors

Blood-pressure checks, lab work and eye exams are just a few of the services available to veterans at the Farmington, Mo., VA clinic, which was built and is now maintained by American Legion Post 416. Sarah Conard





Post 416 Commander Ken Kelly, left, and Past Post Commander Bob Silvey were instrumental in bringing a VA clinic to their town. Sarah Conard

opened in August 2006, was a reduction in the waiting time and easier access to VA health care. It's a goal local Legionnaires are realizing. VA leases the clinic space from The American Legion and provides medical and support staff. Patients register at the hospital in Poplar Bluff and receive treatment in Farmington. The veterans provide maintenance and facility management.

As expected, the clinic has become a magnet for veterans in need of medical care. In the first six months, more than 13,000 visits were logged. Veterans suddenly discovered they could get treatment locally that previously required a trip to Poplar Bluff. A wide range of primary-care services is now offered, along with lab work and telemedicine, which uses TVs to remotely connect patients to hospital doctors when specialized care is needed. The clinic's telemedical program is also used for group treatment in smoking cessation, nutrition and exercise programs. Hailed as the future of rural VA health care, telemedicine allows clinics like Farmington's to offer patients state-of-the-art care while eliminating the inconveniences of travel and crowded waiting rooms.

From VA's perspective, this type of satellite clinic is extremely beneficial. "Clinics like these ease the flow of traffic through the hospitals," says Chuck Hayden, compliance officer for Poplar Bluff VA Medical Center. He adds that community-based outpatient clinics, or CBOCs, are easily staffed and usually have little turnover. "VA is the employer of choice in rural areas like these.

Most of the doctors and nurses live here."

Hayden advises other communities to consider following Farmington's example. Communication is a good start, he says. "Build working relationships with VA. Send representatives from your veterans service organizations to the monthly meetings held at your area's VA hospital." Kelly has additional advice. "Get the money first," he says, grinning. The cost for the new Farmington clinic, both in terms of time and money, was substantial for local veterans who brought it to life. But it was worth every hour and every penny, says Silvey, who believes this kind of project is just what veterans service organizations should be doing. "Members of The American Legion don't just represent the organization. They are here to work for other veterans in their communities."

Repaying the loan that built the Silvey clinic is now the post's top priority. Donations have chipped away at the debt, but years of additional generosity will be needed to retire it. Long-term commitments, however, aren't unusual in this part of America, where a VA clinic like this does more than treat patients; it embodies the town's character, sense of community service and support, honor of veterans, and the passion of citizens like Silvey and Kelly.

Today, when the men look at the clinic, they see only the future. At the rear of the building, one wall remains unbricked. It's not an oversight. Expansion is inevitable, and they're already preparing for it. "I guess we're going to have to build on soon," Silvey acknowledges. Kelly's hopes for the clinic's future include an urgent-care facility, in-house labs and even a post-traumatic stress disorder center. Not yet a year old, the clinic nears maximum capacity. Local veterans look forward to the inevitable challenge of accommodating even more patients. "In 10 to 15 years, I'd like to see the boys coming home from today's war getting premium care right here in Farmington," Kelly says.

"If it wasn't for this clinic, I don't know what we'd do," says Chasity Young, whose husband, Kevin, must visit a VA facility two to three times a month. "We're grateful for the help here." 🌿

Brandy Ballenger is an assistant editor at The American Legion Magazine.

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[NATIONAL EXECUTIVE COMMITTEE]

Spring meetings strengthened by the four pillars

Veterans of World War I founded The American Legion in 1919 out of a desire to take care of their own, to support a strong national defense, to impart patriotism and provide for children and youth. These beliefs became known as the “four pillars” of The American Legion. The pillars stood strong in the minds of the organization’s National Executive Committee during Spring Meetings in Indianapolis May 9-10.

The Legion issued strong stands on VA health-care funding and the claims backlog, reiterated support for soldiers at war and their families, renewed the campaign to protect the U.S. Flag from desecration, and raised money for programs to help the youth of America.

HIGHLIGHTS:

■ Resolution 1 authorizes The American Legion to file suit against the Department of Veterans Affairs to compel action on pending claims and appeals over VA benefits, which at that point numbered more than 797,000. It calls for the Legion “to take all steps necessary to ensure that the Department of Veterans Affairs meets its statutory obligations and responsibilities to individuals pursuing claims for VA benefits.” If those efforts prove unsuccessful, the Legion is authorized to sue “... if that’s

the avenue we have to take,” National Commander Paul A. Morin said. “We are hurting our fellow veterans if we don’t stand up for them.”

Morin also called for Medicare reimbursement for VA health-care facilities, mandatory funding for VA health care and an on-time VA budget.

■ Touching on two of the pillars, Morin asked Legionnaires to continue their steadfast support for the organization’s many youth programs and to continue to push Congress for a constitutional amendment

that would allow Congress to prohibit the desecration of the U.S. Flag.

■ At the time of the meetings, supplemental spending for the war in Iraq was not yet approved, and Morin called on Legionnaires to contact their congressional representatives and demand the funds without a timetable for withdrawal and without pork-barrel projects attached. “We owe those men and women serving the right equipment ... the right amount of troops to do the job that needs to be done.”

■ U.S. Army Maj. Gen. Patrick H. Brady (ret.), board chairman of the Citizens Flag Alliance, told the NEC that while tactics may change, the goal of passing an amendment giving Congress the power to protect the U.S. Flag remains the same. “We missed by one vote (in the 109th Congress), and the debate was turning in our favor,” said Brady, a Medal of



RESOLUTIONS OF THE SPRING 2007 NATIONAL EXECUTIVE COMMITTEE MEETINGS

The following are summaries of key resolutions passed at the National Executive Committee’s 2007 Spring Meetings in Indianapolis. For the full text, contact The American Legion National Headquarters Library.

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AMERICANISM

4 American Legion Baseball World Series to be played in National Convention cities when feasible

22 Changes the name of “The American Legion National High School Oratorical Contest” to “The American Legion High School Oratorical Scholarship Program – ‘A Constitutional Speech Contest’”

23 Strategy to address illegal immigration

29 Enters into a three-year agreement, effective in 2007, with the University of Northwestern Ohio to establish The University of Northwestern Ohio-American Legion KIA/MIA Scholarship

ECONOMICS

13 Supports amending federal financial college aid means tests to make exempt recently separated veterans’ prior-year income

14 Calls for mandatory funding for the Department

of Housing and Urban Development-Veterans Affairs Supportive Housing Homeless Program

15 Supports improvements to Veterans Employment and Training Service training standards

NATIONAL SECURITY

16 Authorizes The American Legion to become an affiliate of the U.S. Army’s Combat-Related Special Compensation program

17 Urges the Department of Defense to continually evaluate the Anthrax Vaccine Immunization Program

18 Urges the Secretary of the Army to comply with the fiscal 2006 Public Law/National Defense Authorization Act regarding the placement of the Baker’s Creek Marker and fully consider it for placement in the Arlington National Cemetery

19 Calls for increasing the end strengths and readiness of the armed forces

Honor recipient. Rep. John Murtha, D-Pa., has introduced the amendment, H.J. Res. 12, in the 110th Congress "without any prompting from us," Brady said. He said congressional support for the amendment stands at 66 percent.

■ Retired U.S. Army Lt. Col. Ralph Peters didn't pull any punches when he spoke of the war against terrorism, the political process in the United States and the problem with illegal immigration. "One of my greatest frustrations I face in Washington is I just can't convince people that we are facing religious fanatics," said Peters, a former intelligence officer and the author of 21 books. "I don't think Osama bin Laden can be rehabilitated. The hard-core terrorists we face are true fanatics, and it changes the rules of war. You can't apply Geneva Convention rules 100 percent with the enemies we face today."

■ Representatives of Freedom Team Salute briefed the NEC on the Army program that offers all soldiers the opportunity to recognize and thank home-front supporters. The program also honors veterans. Visit www.freedomteamsalute.army.mil for more information.

■ Various donations brought to the NEC generated \$62,839.55 for the National Emergency Fund, \$6,500 for the Child Welfare Foundation, \$8,509 for the Children's Miracle Network and \$4,490 for the American Legacy Fund. American Legion Auxiliary National President JoAnn Cronin presented Morin with \$10,000 checks each for the Child Welfare Foundation, the Children & Youth Fund, the Citizens Flag Alliance and the Veterans Affairs & Rehabilitation Fund.

• Indianapolis was approved as the host city for the 2012 National Convention.

— Steve Brooks

*For a booklet containing all approved resolutions, please write:
The Library, The American Legion
P.O. Box 1055,
Indianapolis, IN 46206*

20 Urges Congress and the Department of Defense and Military Services to review awarding the Purple Heart for traumatic brain injuries

VETERANS AFFAIRS & REHABILITATION

1 Authorizes The American Legion to file lawsuits against the Department of Veterans Affairs to compel action on pending claims for VA benefits

24 Support for the Missing in America Project

25 Expands the VA Volunteer Services program to include designated Heroes to Hometowns volunteer coordinators at VA medical centers

26 Supports funding for committal service shelters through state cemetery grants program

27 Supports legislation to remove the bar on the payment of dependency and indemnity compensation benefits to surviving spouses who remarry after age 55

[BOY SCOUTS]

Dedicated teen named Eagle Scout of the Year

Welland Dane Burnside of Boy Scout Troop 396 is only 18, but he's already made differences in the lives of many in his community, and beyond. The Maple Hill High School senior from Garden City, S.C., is The American Legion's 2007 Eagle Scout of the Year. He will receive a \$10,000 college scholarship.

Burnside found his Eagle Scout project along the formerly impassable nature trails of Myrtle Beach State Park, where bird houses were in disrepair, non-native plants and vines had taken over, and a supply of mulch was needed for pathways. He took on all of those problems and installed redwood benches at various locations around the park. It wasn't his first success at public service. Burnside received recognition for putting together a Suitcases for Kids program seven years ago with his sister Aubyn. The program provides suitcases for foster children so that when they are moved from place to place, they have something other than plastic bags in which to carry their belongings. Today, Suitcases for Kids is a non-profit charity active in all states and 29 foreign countries.

The American Legion also awarded scholarships to Blaine Thomas Drozd of Genoa, Neb.; Jacob Keith Hedelius of Manti, Utah; and Michael Vaughn Baxter Bledsoe of Chapmanville, W.Va.



[MEETING]

WHAT: Children & Youth Conference

WHEN: Sept. 21-23

WHERE: Radisson Hotel City Centre, Indianapolis

WHO: All American Legion family members are welcome. One American Legion Children & Youth representative will be authorized as an official call-in from each of the 51 domestic departments. Authorized attendees will receive a per-diem stipend and transportation expenses. More information is available from department adjutants.

[Q&A]

UNDAUNTED ADVOCATE

Combat-wounded congressional candidate of '06 now serves veterans in Illinois.

Tammy Duckworth's military lineage extends back to the Revolutionary War. But it was her place in today's war in Iraq that drew national attention to her run for Congress last year. Born in Thailand the daughter of a veteran who served both in World War II and the Vietnam War, she joined the ROTC in 1990, the Army Reserves in 1992, and became a helicopter pilot in the Illinois Air National Guard, which took her to Iraq where she lost both legs in an RPG attack on Nov. 12, 2004. She wanted to be a helicopter pilot, she said, because it was one of the only combat jobs available to women.

Duckworth served as commander of a 15-ship UH-60A Black Hawk Helicopter Company, supervising the training for 60 aircrew members and overseeing the maintenance of the company's equipment. As battle captain and assistant operations officer, she was involved in planning, assigning, and tracking combat missions of a 500-soldier aviation task force and flew more than 200 combat hours.

Ten days after she was wounded, Duckworth woke up at Walter Reed Army Medical Center in Washington to discover the explosion had taken both legs and shattered her right arm.

For many, such wounds would be too much to bear. For the newly promoted major, it was only the beginning of a new journey that led to a run for Congress in 2006, and after a close loss to Republican Peter Roskam, she was appointed director of the Illinois Department of Veterans' Affairs.

Although she has often expressed criticism of the war, the 39-year-old Duckworth is passionately dedicated to those who are fighting in it and to veterans. A member of The American Legion, she supports mandatory funding for VA health care. Duckworth recently spoke with writer Thomas O'Brien, a regular contributor to The American Legion Magazine.



Q. Describe your congressional run and the message you think it sent to other war-wounded veterans.

A. The run was exhausting, educational, and an incredible experience. I met so many people who taught me about the challenges that we all face in our daily lives. I think my run for Congress tells other war-wounded veterans that they can recover and move on to make important contributions by continuing to serve our nation. It is my generation's turn to step forward and make a difference.

Q. How do you see your recovery experience influencing your role as director of the Illinois Department of Veterans Affairs?

A. I went through the entire process of recovery, from the field medic who revived me all the way to the ER in Baghdad, Walter Reed, the Fisher House, and now the Hines VA Hospital. I think that this experience gives me an understanding of the process that no one can have unless they go through it. I treat every issue as if it were my own. Now that my husband is deploying to Operation

Iraqi Freedom, I can add the concerns of our family members to things that I will have experienced on a personal basis.

Q. How do you think the veterans health-care system is evolving to meet the needs of female patients, more and more of whom are coming home with combat wounds and post-traumatic stress disorder?

A. This is new territory for VA. They have never had this many female combat veterans enter their system in their entire history. I think most VA hospitals' women's health clinics are probably not ready for the sheer numbers of new patients. Also, I am concerned about PTSD. If women vets are not adequately screened and end up unemployed or homeless, we will see an increase in homeless families. Many of these female veterans are single parents and if they are not treated, their entire families will suffer.

Q. How can organizations like The American Legion help newly discharged veterans make the transition to civilian life?

A. Give them a place to go talk about their experiences. Ask them, “Do you get nightmares? ... because I did for years after I got back from Vietnam.” Examples like this give the young vet a chance to talk about issues that they feel they can’t talk to their families about. You can also work to spread the word on the resources available to them from the government.

Q. *You continue to serve in the National Guard despite your wounds. In what capacity?*

A. I am a safety officer in the State Army Aviation Office. It was important to me to continue to serve. I wasn’t about to let some punk with an RPG in Baghdad end my military career. I’m going to get my 20 years, then quit when it’s my decision to do so. I also serve on the Illinois Army National Guard’s reintegration task force.

Q. *How do you feel about your husband’s deployment to Iraq?*

A. It is his duty to go. I would not want anyone else’s husband to go in my husband’s place. I am, of course, anxious and worried. I will be holding my breath until he comes home. On the lighter side, I am probably better equipped than most wives to pack the right stuff in his care packages. He’s also taking some of my old desert gear like my 9-mm leg holster and spare magazines, and various nifty military toys of the trade.

Q. *How do you see your career evolving in years to come?*

A. I see this time in my life as bonus time. I should have died in that field in Iraq, but I survived because my buddies carried me out. I plan on living every day for the rest of my life trying to live up to the efforts my crew put into saving me. I don’t care who I need to annoy, I will always be an independent voice for my comrades. How or where I do that doesn’t really matter to me. I will just continue to look for ways that I can serve this great nation and honor the men who wouldn’t leave a fallen comrade behind.

– Interview: Thomas O’Brien

[ACTIVE DUTY]



**E-MAILS FROM
AFGHANISTAN:**

‘NOTHING BUT RESPECT’

Following is the third in a series of excerpts from e-mails sent home by Army Capt. Adam Bock, a helicopter pilot serving in Afghanistan in support of Operation Enduring Freedom. He is the son of American Legion Past National Commander Thomas L. Bock.

There is a lot of action going on here, and I am sure that the news media is not accurately portraying all that we are accomplishing. It is impressive to me that we have been so successful here in Afghanistan with the strict limits we have on our budget and support.

From the air, I have seen many of the local Forward Operating Bases (FOBs) where the true fighting is taking place. Soldiers are stretched thin throughout this mountainous country, conducting serious combat operations with minimal supplies. These soldiers are living and fighting in locations so remote the only means of resupply is through helicopter airlift. The mountains are so rugged that roads do not exist, and with extreme winter weather keeping helicopters from entering the valleys, soldiers go weeks without support.

They are fighting in the foothills of the Himalayas, foothills that top well over 15,000 feet above sea level. The environment is harsh. Their faces look tired and beaten. The cold air has taken a hard toll on their bodies, and it shows through their expressions. With no roads and only small trails, our soldiers are using mules and horses to move supplies. I never thought the Army still used mules, but they are in full force here. These soldiers make me think of the early mountain men. Their faces are covered with beards and they wear anything they have for warmth. I have the highest respect for these mountain men and what they are accomplishing. Iraq is stealing all of the media from the soldiers here. Any infantry or forward operating soldier of Afghanistan truly deserves praise. After spending a year in this place, in homes with no running water, electricity, or the ability to get mail, these soldiers deserve nothing but respect and appreciation from all American citizens and the government.

[SPEECH]

'No fair-weather friendship'

BY HON. LEE TAE SIK

AMBASSADOR OF THE REPUBLIC OF KOREA

Adapted from remarks delivered at the Korean War Veterans Memorial in Washington July 27, 2006, in commemoration of the 1953 Korean Armistice Agreement.

I would like today to honor all those who answered the call to defend a country they never knew ... and a people they never met. On behalf of the tens of millions of South Koreans who survived the war, our children, grandchildren, and generations to come, I offer my most heartfelt and deepest gratitude.

To those tens of thousands soldiers who are not here and to the distinguished veterans here with us today, your honorable service and sacrifice set great events in motion. And we honor not only those who served in the war but those who have served in the intervening years, continuing our alliance to preserve stability in northeast Asia.

In the 1950s, together we repelled aggression, protected freedom, and helped build a new, free nation from a poor, fledgling democracy. Today, Korea stands as a vibrant democracy, the world's 10th largest economy, and a proud and contributing member of the world community. Had it not been for what you did during the war and its aftermath, this Korea as we know it would not exist.

Over the past half-century, the Korea-U.S. alliance has been the backbone of Korea's peace and prosperity. Today we enjoy a mature and dynamic relationship that continues to evolve, as we try to restructure our military partnership and expand our economic ties.

And Korea is there when our friends are in need: Korea has joined forces to assist the United States in all its major wars since the Korean War, including Vietnam, the Gulf War, and operations in Afghanistan and Iraq.

In peacetime as well, after natural disasters, Korea extended a helping hand. When Hurricane Katrina devastated the Gulf Coast, Koreans – from the government and the private sector – stepped forward to donate over \$30 million, the fourth largest contribution from the international community to the recovery effort ...

Every July 27, we observe the de-facto end of the Korean War, but regrettably, a true state of peace has not yet emerged on the Korean Peninsula. North Korea's nuclear and missile issues pose the



American and South Korean troops stand in an amtrac, amphibious tractor, crossing the Han River northwest of Seoul on Sept. 20, 1950. AP/Max Desfor

principal stumbling block. There is a fair chance to resolve the North Korean problem as a whole, and our two nations are trying to achieve a peaceful and diplomatic solution, along with our other regional partners.

As we did 50 years ago, we will address these challenges on the basis of a strong U.S.-Korea alliance ...

The Korea-U.S. alliance is no fair-weather friendship. Forged in the heat of battle, tempered in the tension of the Cold War, and fortified by our common values and interests, ours is an alliance built to endure. This alliance has helped us succeed in a new nation-building effort that gave us the benefits of industrialization and modernization. It facilitated our emergence as a successful economy with a vibrant democracy and enlightened people. This Korean model was made possible primarily by your sacrifices and contributions.

Your efforts were not in vain and will never be forgotten. They will remain vividly alive in the hearts and minds of the Korean people.

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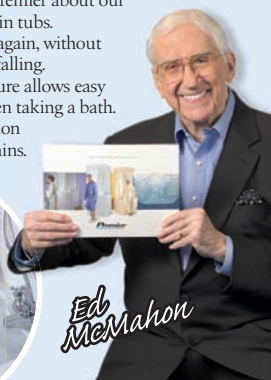
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[LEGIONNAIRES IN ACTION]

'Handmade with love'

Freedom Quilts provide comfort to grieving families.

Betty Nielson, a member of American Legion Post 588 in Varina, Iowa, and a group of volunteers have handmade more than 5,600 quilts for families of who have lost loved ones since the terrorist attacks of 9/11. Each quilt is personalized, and according to their motto, each one is "handmade with love to comfort you."

Q: What inspired you to help in such a unique way?

A: When I saw footage from 9/11, I felt an overwhelming need to help. I prayed God would let whatever talents I had come forward to help me serve those in need. I was barely a beginner quilter when I began my project, Freedom Quilts, Inc. Faith makes things happen.

Q: To what do you credit your success?

A: I could not do it without my support system. My husband is my right arm, and I have 15 helpers who rotate through and volunteer their time. They come whenever they can and for as long as they can.

Q: Explain the process of making a Freedom Quilt.

A: Most quilts are sewn in response to specific requests. Family members or friends of the family get in contact with us. We make them with whatever the family wishes. We use photos and clothing. We'll incorporate images that represent special memories or stories. Every quilt gets a personal touch. These families have lost their sons and daughters while they defended our country. They must have more than random selection. Every quilt is made with a picture of the soldier in the center block, and the quilts are specially folded so that the face of the lost loved one is the first thing the recipient sees upon opening. We do not rush the process. An individual block can take three to four hours to embroider. Quilts sometimes take as long as six months to complete. I do not believe in hurrying a quilt. When it's going to a husband, mother or child who is hurting, it has to come strictly from the heart. Everything must be right. People suggest we make more quilts more quickly by having them all the same. I can't do that. Each of these individuals stood out in a different way. The quilt has to reflect that.

Q: Which quilts have the most impact?

A: The most special quilts we make are those



made for children who have lost a parent. Children need physical comfort. When I hear kids are having nightmares, I write a letter to accompany the quilt. I tell the children that their daddy or mommy helped me design the quilt. And when they feel down, they should wrap themselves in the quilt. The warmth and the love they feel comes straight from dad or mom.

Q: How does the project impact you emotionally?

A: People tell families to move on. It can feel like they're telling them to forget. The parent of a lost child can never forget. They might carry on for the sake of others, but they never get over the pain. I tell them, "Let God guide you in your healing. Take it one day at a time, and if you need to talk, I'm here." I cannot see an end to this project. There will always be devastation, always someone hurting and needing comfort. Quilts give that comfort. Not a day or night goes by that I don't cry for these families. If the little bit I know about their lost loved one has torn my heart, I can only imagine what the family must feel, how their hearts have been broken. I have to do what I can to ease that. That's what keeps me going.

For more information or to request a quilt, visit www.freedomquilts.net on the Web.

Interview: Brandy Ballenger

[AFFINITY PARTNERS]

American Legion Prescription Discount Card introduced

Paying for prescription medication continues to be a struggle for many Americans without prescription insurance coverage – more than 464 million in 2005. Relief is now available for members of The American Legion, Sons of The American Legion and their dependents.

The American Legion Prescription Discount Card, administered by Caremark, replaces the program offered by RxAmerica. If you currently use the prescription discount card program, don't worry. Simply present your current prescription discount card or your current membership card to the pharmacist along with your prescription to keep saving until you receive more information about the new program.

The new American Legion Prescription Discount Card is good for your entire household – including pets.

When you use your new prescription discount card, you will automatically receive a Health Advocate Card in the mail, which offers a 20-percent savings off CVS branded products in all CVS pharmacy stores nationwide.

Prescription discount cards can be printed immediately from your computer by visiting www.caremark.com/legion. Simply fill in your American Legion membership number and present it along with your prescription at a participating pharmacy. For more information, call toll-free (888) 414-3141 or visit www.caremark.com/legion.

Vacation discounts offered

An American Legion partnership with Club Med Vacations can save members up to 30 percent on the cost of trips to magical vacation spots around the world. To learn more about the Club Med Vacation benefit, log on to www.AmericanLegionTravel.com or call (914) 848-4566 (extension 40). A percentage of revenues generated by American Legion Travel bookings is paid back to the organization and used to help fund programs.



[FILM]

Do you have a letter from Simone Renaud?

Simone Renaud's place in World War II history is as little known as it is deeply felt by thousands of American families who corresponded with her in the years after D-Day. She withstood nearly four years of Nazi occupation. She supported U.S. paratroopers who fought for the liberation of France. She devoted her life, from the decoration of graves at three cemeteries in her town of Ste. Mere-Eglise to the development of modern D-Day anniversary events, which have drawn millions to the northwestern coast of France. She wrote to hundreds of American families who lost loved ones during the Allied invasion.

Her life story is now the subject of "Mother of Normandy," a documentary film produced by Doug Stebleton and Mickey Corcoran of Los Angeles and written by Jeff Stoffer, managing editor of *The American Legion Magazine*. Anyone who has a letter from Madame Renaud that they would like to share for possible use in the documentary film or in the magazine is gratefully encouraged to send a photocopy to:



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Visit www.motherofnormandy.com to view a trailer of the film.

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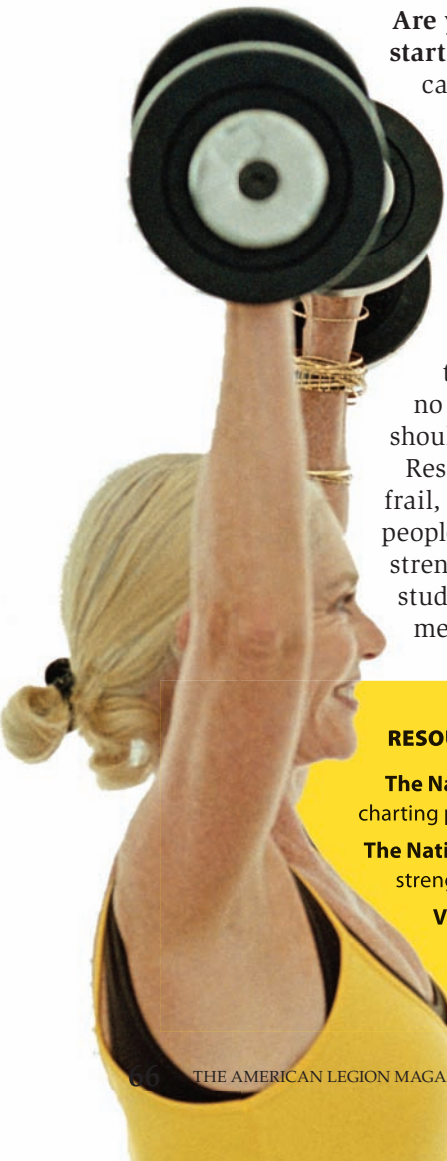
[LIVING WELL]

No age limit on pumping iron

BY DR. JOEL KUPERSMITH

Last year, a Florida newspaper profiled a group of fitness enthusiasts at a local gym. Nothing unusual here, except that all the people mentioned were in their 90s. And they all incorporated weight training as part of their fitness regimen.

Weight training – and more generally, strength training – starting becoming mainstream in the 1980s, due in part to the film “Pumping Iron” and the popularity of Arnold Schwarzenegger. Since then, exercises to increase muscle strength have earned a central role in wellness and preventive health-care programs for teens and adults of all ages. It’s important, however, to check with your doctor before initiating weight training or any other exercise program.



Are you ever too old to start lifting? Health clubs catering to seniors are not uncommon, and most large fitness centers have at least some classes geared for older adults. Provided that older people are supervised and use proper techniques, there’s practically no age limit on who should lift.

Research shows that even frail, institutionalized elderly people can benefit from strength training. In a 1990 study by the U.S. Department of Agriculture

Human Nutrition Research Center on Aging at Tufts University, 10 nursing home residents started with 10-to-15-pound weights and were able to nearly double their weight-lifting ability in eight weeks. On average, they gained nearly 10 percent in muscle size and were able to walk 50 percent faster.

Subsequent studies have yielded similar results. A 2001 study at VA’s Geriatric Research Education and Clinical Center in Little Rock, Ark., found that people in their 80s who were recuperating from acute illnesses could safely increase their strength and walking speed by exercising their leg muscles with a weight machine over 10 weeks.

Strength training using free weights, weight machines, or elastic bands or tubing offsets these losses. Along with restoring muscle tissue and boosting strength and endurance, strength training offers:

- Increased bone mass and density.
- Improved everyday functioning.
- Weight management.
- Relief from arthritis pain.

Other benefits include reduced blood pressure to enhanced self-esteem and many more.

If you’re not already “pumping iron” or doing some other form of strength training, talk to your doctor about starting a program.

Joel Kupersmith, M.D., is chief research and development officer for the Veterans Health Administration.

This article is designed to provide general information. It is not intended to be, nor is it, medical advice. Readers should consult their physicians when they have health problems.

RESOURCES ON STRENGTH TRAINING FOR SENIORS

The National Institutes of Health Web site offers exercise-safety guidelines, tips and tools for charting progress. <http://nihseniorhealth.gov/exercise/toc.html>

The National Institute on Aging Offers a guide that includes detailed recommendations on strength training. <http://www.niapublications.org/exercisebook/ExerciseGuideComplete.pdf>

VA’s Geriatric Research Education and Clinical Centers A national VA program to help veterans lose weight and improve their health. The Web site contains numerous resources on strength training and other forms of exercise. <http://www.move.va.gov>

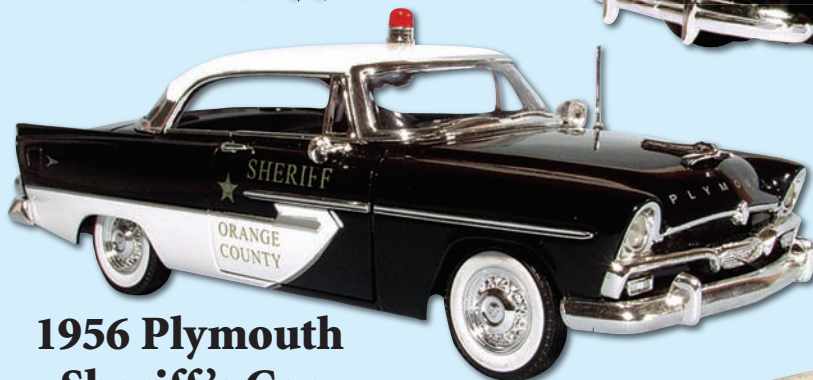
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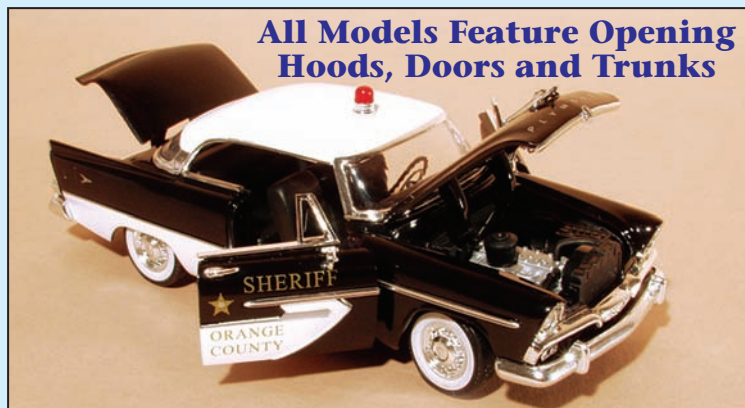
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[ILLEGAL IMMIGRATION]

Legion: No amnesty for illegals

The American Legion's National Executive Committee made clear its opposition to legislative proposals that would grant fast-track citizenship or amnesty to the 12 to 20 million individuals who are in the United States country illegally.

During the annual spring meetings in Indianapolis, the NEC also reiterated its support of aggressive enforcement of immigration laws and stronger border security. A five-point strategy to address illegal immigration was adopted. It includes:

- Securing the borders and coastline points of entry
- Removing the jobs magnet by imposing and enforcing employer sanctions
- Eliminating most social services benefits for illegal immigrants
- Promoting a strategy of attrition through enforcement
- Effectively screening and tracking foreign visitors in the United States

ALIEN CITINGS

46,058 Number of non-Mexican migrants detained by U.S. agents near the border in a recent five-month period

12 Percentage increase of non-Mexican migrant detentions over the same five months in the previous year

\$78 billion Estimated government cost of amnesty for illegal immigrants in the 10-year period following the 1986 Immigration Reform and Control Act

183,000 Estimated number of illegal immigrants who leave the country without intervention by immigration officials

"We are not against legal immigration and never have been," American Legion National Commander Paul A. Morin said. "It is what made this country what it is today, and no one can dispute that. But the system is broken and needs fixing, and the solutions being tossed around by some members of Congress are not in the best interest of this country."

The American Legion does not believe the answer to solving the illegal immigration problem is to make illegal aliens legal. "Rewarding illegal behavior sets a dangerous precedent and only encourages more to ignore our laws," Morin said.

Calling it "an American crisis that demands our attention," American Legion National Americanism Commission Chairman Joseph E. Caouette announced the new immigration policy paper during the spring meetings.

The American Legion's policy paper on immigration reform is available as a PDF on the Web site. www.legion.org

[MEMORIAM]

Chairman emeritus Harrington passes

Herman G. Harrington, longtime chairman of The American Legion National Internal Affairs Commission, passed away May 23 at age 83. He was a member of Post 1231 in Rensselaer, N.Y., and a 62-year Legionnaire.



He served on the National Internal Affairs Commission for 32 years, 22 as chairman. In 2006, Resolution 50 named him chairman emeritus. He served as Department of New York commander from 1972 to 1973.

Department of New York Adjutant Richard Pedro knew him for more than 40 years. "Beyond losing a Legionnaire, we've also lost a friend," Pedro said. "He was one of the great assets to New York."

Harrington is survived by his wife, Ann. Condolences may be sent to the family at 22 Clinton St., Rensselaer, NY, 12144-3604.

[MONUMENTS]

Legionnaires called upon to build national database of war memorials

The American Legion has joined with the Alliance Defense Fund and the Liberty Legal Institute to safeguard America's war memorials before they are targeted for removal. The Alliance Defense Fund is an organization of more than 1,000 attorneys – some of them veterans or active-duty members of the Judge Advocate General's Corps, and the Liberty Legal Institute is a member of that alliance.

Together, they've agreed to represent The American Legion and local governments throughout the country on a pro-bono basis when the American Civil Liberties Union files

establishment-clause lawsuits, as it has in an efforts to remove from public sight any war memorials that have religious symbolism.

Legionnaires are asked to locate, identify and report all veterans memorials throughout the United States. The information will assist attorneys in the legal defense of attempts to remove, alter or destroy the monuments.

For more information or to file a report on the location and disposition of a monument, visit www.legion.org on the Web and click on the Alliance Defense Fund logo.

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[VERBATIM]

"I find it ironic that the flags were flown at half-staff for the young men and women who were killed at VT, yet it is never lowered for the death of a U.S. servicemember."

Sgt. Jim Wilt, writing from a military base in Afghanistan, where the U.S. flag flew at half-staff for Virginia Tech students in April

"I strongly support the Second Amendment, and I believe the Second Amendment ought to be preserved, which means no gun control."

GOP presidential candidate John McCain, saying that the Virginia Tech massacre should not lead to tighter firearms laws

"On the treasure map of the universe, one would be tempted to mark this planet with an X."

Xavier Delfosse of Grenoble University in France, on the discovery of a planet outside our solar system that is potentially habitable, with Earth-like temperatures

"I propose a limitation be put on how many squares of toilet paper can be used in any one sitting."

Musician Sheryl Crow, in an entry posted on her Web site suggesting ways to fight global warming

"Is wi-fi going to turn out to be the tobacco, asbestos or Thalidomide of the 21st century? It's looking that way."

Sarah Dacre of London, who claims she suffers severe sensitivity to electrical appliances and electromagnetic waves. Her symptoms include hair loss, sickness, high blood pressure, digestive and memory problems, headaches and dizziness.

"I listen a little to the Democrats, and if one of them gets elected, we are going on defense. We will wave the white flag on Iraq. We will cut back on the Patriot Act, electronic surveillance, interrogation and we will be back to our pre-Sept. 11 attitude of defense."

Republican presidential candidate and former New York Mayor Rudy Giuliani

"We also know that training still is being conducted in Iran for insurgent elements from Iraq."

Maj. Gen. William Caldwell, announcing in April that Iran is teaching insurgents in Iraq how to assemble roadside bombs

"Speaking for myself, I'm ready to go—and knowing the speaker, I think that she might be."

U.S. Rep. Tom Lantos, D-Calif., on a possible diplomatic trip to Iran with Speaker of the House Nancy Pelosi

[FOREIGN AFFAIRS]

NYPD powder blue

U.N. Secretary General Ban Ki-moon has asked New York City to lend some of its police officers for U.N. peacekeeping operations overseas. "New York City has one of the most diversified police forces around," U.N. spokesperson Marie Okabe told the Associated Press. "The secretary general would like to explore possibilities."

The United Nations is currently conducting 16 peacekeeping missions, with 321 American police officers already deployed, most of them in Kosovo.



It pays to run Singapore

Prime Minister Lee Hsien Loong of Singapore and his cabinet are getting a raise.

Starting next year, the prime minister will earn just over \$2 million annually, and cabinet-level ministers will earn \$1.26 million each.



The International Herald Tribune reports that the 60-percent increase in the already-gaudy salaries of Singapore's top-level government officials is the outgrowth of a 1994 law "pegging the salaries of government ministers and top civil servants to the money they might earn at the top of the private sector." The formula used to determine the raise factors in professions such as accounting, law, banking, engineering and manufacturing.

Here's how Singapore's salary system compares to other nations:

Prime Minister of Singapore	\$2 million
President of the United States	\$440,000
Prime Minister of the U.K.	\$370,000
Prime Minister of Japan	\$360,000
Chancellor of Germany	\$350,000

[MEDIA]

Faces of Freedom: Fallen war heroes profiled

A hardcover coffee-table book released on Armed Forces Day profiles one U.S. servicemember from each state, Washington D.C., and Puerto Rico, who has made the ultimate sacrifice in Afghanistan or Iraq. All proceeds from the book, "Faces of Freedom," by Rebecca Pepin, go to Fisher House and the Wounded Warrior Project.



American Legion National Commander Paul A. Morin, U.S. Army Gen. Colin Powell, (ret.), and Sen. John McCain, R-Ariz., are among those who've praised the book.

"We must never forget the sacrifices made by our young men and women serving in our armed forces during this global war on terror," Morin said. "We are reminded of those sacrifices through these heart-warming profiles of America's best ... our heroes."

The book sells for \$27.95 plus shipping and handling. It can be ordered on Pepin's Web site. www.rebecca pepin.com

New Advanced Air Cooler Uses 75% - 95% Less Electricity Than Air Conditioners

SAVE MONEY - RUNS ON ONLY PENNIES A DAY

Now You Can Cool Your Air 12-20 Degrees and Purify Your Air AT THE SAME TIME
Uses Cyclonic Water Vaporization System

By: B. Inboden

Believe it or not, there are people who can look forward to the heat of summer because they know they can:

- stay cool
- have their air purified
- and save money on their electric bill...

...all at the same time! They are using the new CoolAir 4000 Air Cooler, an evaporative cooler with a built-in carbon filter. With energy costs skyrocketing, smart consumers everywhere are looking for reliable ways to stay cool, bypassing air conditioners which are expensive to buy and use a great deal of electricity.

To understand the many benefits of the CoolAir 4000 we've compiled the most asked questions so you will know exactly how it works, how it can keep you cool, clean your air and save you money.

Q. What is the technology behind the CoolAir 4000?

A. The CoolAir 4000 is an evaporative cooler which produces effective cooling by combining the natural process of water evaporation with a simple reliable air moving system, like a fan or a blower.

Q. How does evaporative cooling work?

A. In a standard evaporative cooler, outside air is pulled through moist pads where it is cooled by evaporation. Evaporation is an endothermic reaction; it absorbs heat. So the air that goes through the pads has had heat absorbed out of it. In the new CoolAir 4000, the pads has been replaced by the new patented Cyclonic Water Vaporization System which uses an atomization process to break up the large water molecules. This process absorbs heat from the air and then the blower sends out the cold air.

Q. How effective is the evaporative cooling?

A. On the average, the CoolAir 4000 can lower the temperature 12-20 degrees. Evaporative coolers work best when outside humidity is below 50%.

Q. Why does an evaporative cooler save so much electricity?

A. Because the technology is so efficient, the electricity is used mainly to run the blower and atomizer. This takes about the same

Everyone in the family loves the cool clean air of the CoolAir 4000 - even Spot.



amount of electricity as using a light bulb. In air conditioning for instance, the electricity must power a compressor which is much more complex and involves high energy usage.

Q. How does the CoolAir 4000 clean the air?

A. All evaporative coolers by their very nature help in cleaning the air, but with the CoolAir 4000 we have added a carbon filter to help trap dust, pollen, odors and pet dander. This is in contrast to most portable air conditioners which just recycle the same air over. You have probably heard that in-house air pollution is worse than outdoor air pollution.

Air purifiers alone can cost hundreds of dollars but with one CoolAir 4000, you get an air purifier as part of the package.

Q. Why would a person choose a CoolAir 4000 over a portable air conditioner?

A. The biggest reason is cost. The CoolAir 4000 costs under \$300 while portable air conditioners run between \$450.00 and \$800.00. As mentioned, air conditioners can also use up to 16 times as much electricity as air coolers.

In recent years people have become much more conscious of health enhancing features, so the addition of the carbon filter is a major benefit for everyone.

The other big benefit of the CoolAir 4000 is that

even though it can cool a large area, it does not need a vent. All air conditioners, portable or not, must have a way to vent off hot air. But you can put the CoolAir 4000 anywhere there is an outlet since there is no hot air to vent away.

Q. Can I use the CoolAir 4000 in conjunction with other cooling devices?

A. That is the way many people are using the CoolAir 4000. People who have whole house air conditioning use the CoolAir 4000 in places where the air conditioning does not reach... like a sun room where you can have the windows open and stay cool.

Q. Is the CoolAir 4000 easy to use?

A. Absolutely. All you do is insert the water cartridge and turn it on. A full cartridge can last 6-8 hours with continuous use.

We will supply an extra water cartridge so you can always have one as a ready replacement.

You also receive a remote control so you can use all the functions from the comfort of your easy chair or even from bed.

Q. How can consumers get a CoolAir 4000?

A. You can only get the CoolAir 4000 exclusively from International Home Shopping. Just return your Special Reader's Discount Coupon. Call 1-800-466-9973 or visit us online at www.ihsmall.com.

You can watch the temperature go down!



Handy 6-Function Remote Control

Extra Water Cartridge Included



One Simple Unit - NO VENTING

- Easy-to-use controls.
- Overall size 12" x 12" x 32".
- Oscillating function allows for more coverage - cools areas over 15ft. away.
- Carbon filter removes particles in the air - dust, pollen, odors - and has a water filter.
- Water tank capacity - 1.2 liter. One fill-up lasts 6-8 hours.
- Lightweight, moves from room to room on easy glide casters - only 16.5 pounds!

Covered by:
One Year Warranty On Parts & Labor
Plus, a 60-Day Satisfaction Guarantee

Air Cooler - Air Conditioner Comparisons

The CoolAir 4000 is not an air conditioner, but it does have benefits when compared to air conditioning.

Features and Benefits	IHS Exclusive CoolAir 4000	Most Portable Air Conditioners
Cost Per Unit	Under \$250, FREE Shipping	\$450 - \$800
Cooling Source	Water, Fresh Air	freon, compressor
Venting	No Vent Needed	needs to vent to outside
Cooling Ability	Can Lower Temp. Average Of 12-20 Degrees	can lower temp. to a thermostatically controlled temp.
Home Prep	OK To Have Some Windows Open For Air Flow	windows and doors must be closed
Air Quality	Dual Carbon Filters	recycles same air over and over
Electrical Usage	Runs on 40-50 Watts -- Only Pennies A Day 12c - 15c Per Day	high electrical usage \$70 - \$90+ per month

* Air Coolers in general help freshen the air, but the CoolAir 4000 has a carbon filter to magnify this ability. The CoolAir 4000 is an IHS exclusive item!

SPECIAL READER'S DISCOUNT COUPON SAVE \$94

The regular price to stay cool and get the CoolAir 4000 is only \$299.00 plus \$19 shipping and handling for a total of \$318.00 delivered. **Readers of this publication get a \$75.00 discount** with this coupon and pay only \$224 plus, receive **FREE Shipping and Handling** if you order within 10 days. Additional CoolAir 4000 air coolers are only \$204 each, saving you \$20.00 more. There is a strict limit of 3 CoolAir 4000 at the discount price - no exceptions please. After 10 days, we reserve the right to accept order requests at the discounted price.

- To order by phone, call TOLL FREE 1-800-466-9973 and give the operator your Authorization Code: CLA153. Place your order by using your credit card. Operators are on duty Monday - Friday 6am - 3am, Saturday 7am - Midnight and Sunday 7am - 11pm, EST.
- To order by mail, check or credit card, fill out and mail in this coupon to the address below.
- To order online go to www.ihsmall.com

This product carries a complete satisfaction guarantee. If you are not totally satisfied, your purchase price will be refunded. No questions asked.

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- ☐ I am ordering within 10 days of the date of this publication, therefore I get a \$75.00 discount plus **FREE Shipping and Handling for a total saving of \$94.00**. My price is only \$224 for the CoolAir 4000. Additional CoolAir 4000's only \$204 each. Number of CoolAir 4000 air coolers you want: _____
- ☐ I am ordering past 10 days of the date of this publication, therefore I pay full price of \$299 for the CoolAir 4000 plus \$19 Shipping and Handling for a total of \$318. Number of CoolAir 4000 air coolers you want: _____

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 Canton, OH 44767



[JOBS]

Interview success strategies



Can you think of a more stressful situation than an interview? Companies want to hire competent employees, yet their first encounter often places the candidate in a stressful situation. Follow these strategies and you'll have a better chance of acing your interviews.

SELL IT TO ME, DON'T TELL IT TO ME

Interviews are not the time to tell what you've done. Rather, interviews are the time to sell what you have accomplished. For example, "As company commander, I led a team of 115, managed a \$22 million annual operating budget, cut \$2.8 million through efficiency improvements, and achieved 100-percent operational readiness." With this kind of answer, you've sold what you have achieved and not just told what you did.

TRANSITION EVERY NEGATIVE TO A POSITIVE

What do you do if your interviewer asks about your experience in supervision, but you don't have any? Never answer no. Answer with a positive response like, "My background includes experience coordinating workload distribution for 50 people, and responding to specific questions about job assignments, deadlines, and resources." In this response, you've been honest, but positive.

USE THE "BULLET-POINT" MINDSET

To help you keep your answers organized and help your interviewer understand everything, use the "bullet-point" mindset. Answer each question with a general introduction – "Yes, I have a wealth of experience in logistics" – and then highlight two or three key points – bullet points – that showcase your achievements and responsibilities as they relate to the question.

REMEMBER, YOU'VE ALREADY PASSED THE FIRST TEST

You're sitting in the conference room with the company president and two managers. Take a deep breath and remind yourself that you've already passed the first test – generally a phone screening to determine if you have the right stuff or you wouldn't be in the interview. Be confident, poised, and ready to close the deal.

TAKE THE INITIATIVE

You're nearing the close of an interview and something you want to share has not been addressed. Bring it up with a comment such as, "Before we end, I'd like to share one more thing with you that I think is quite important to the position and to my fit within your organization." Then share the information.

Wendy S. Enelow is co-author of "Expert Resumes for Military-to-Civilian Transitions" and provides resume-writing workshops at veterans job fairs nationwide.

[CAREERS]

JULY JOB FAIRS

American Legion partners RecruitMilitary and Military.com are coordinating career fairs this month in six cities. All events are from 11 a.m. until 3 p.m. To register for a Military.com event, visit www.military.com and click on "Career Fairs." To register for a RecruitMilitary career fair, visit www.recruitmilitary.com, click on "Job Seekers" and then "Career Fairs."

MILITARY.COM

JULY 11	San Francisco	Grand Hyatt San Francisco Hotel
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RECRUITMILITARY:

JULY 11	Dallas	Texas Stadium, Irving
JULY 12	Boston	venue to be announced
JULY 19	Baltimore	venue to be announced
JULY 19	St. Louis	venue to be announced
JULY 26	Charlotte, N.C.	Lowe's Motor Speedway

[ECONOMICS]

Auto dealerships attract veterans

A recent study by Auto Retailing Today found that the nation's auto dealers hired approximately 30,000 military veterans in the past three years. ART joined with the U.S. military in 2004 to promote dealership careers for veterans. The initiative, known as Hire the Heroes, provides links between auto dealers and military outplacement agencies that list openings to attract veterans.



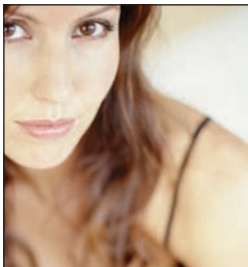
"The pool of recent veterans includes technologically savvy, motivated workers whose skills and military training and certifications are easily adaptable to a variety of dealership positions," said Carter Myers, chairman of Auto Retailing Today and president of Colonial Motors in Charlottesville, Va.

The study, conducted last spring by Harris Interactive, surveyed 742 franchised new car dealers in the United States and found that one-third had hired at least one veteran.

SEARCH FOR THOUSANDS OF JOBS ONLINE

The American Legion's partnership with Military.com, a division of Monster.com, connects veterans to thousands of job opportunities around the world. Applicants can search for jobs and employers can post listings by visiting the Career Center online. www.legion.org or www.military.com

ADVERTISEMENT



Dr. Steffanie Seaver PSY.D is an expert in the area of interpersonal relationships. Researcher, author and accomplished public speaker, she has lectured nationwide for over a decade. Dr. Seaver has also been involved with several publications covering relationship and lifestyle issues.

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*See Reader's Note for details.



Ask The Expert

Male Enhancement Products ... Do They REALLY Work?

How To Improve. Increase. ENJOY.



Q: Dear Steffanie,

For the past year, I've been having some confidence issues. It's really dragging me and my relationship with my wife down. I wanted to try some pills I heard about but I found out they can take 3 or more months to work. In your judgment, does anything work faster or better?

Jason M.
Manhattan Beach, CA

A: Well Jason,

The verdict is in and I just happen to have the perfect answer to boost you and your confidence, while giving your wife the time of her life ... repeatedly!

For months my husband was feeling the exact same way you were and then, one night, we had the most phenomenal experience, EVER. I had never seen him more excited and powerful. He took control right from the start and the feelings we shared together were totally mind-blowing.

And, here's the best part, every time since that night, he just keeps getting better and better. It's amazing! I can't get enough of him now!

Finally, the other day, my curiosity took over. I had to know what brought about this drastic change. So, I asked him. To my shock, he handed me a tube of Maxoderm. I just couldn't believe this product Maxoderm was actually making him feel fuller and more virile. I did a little research and was surprised by what I found.

Recommended by Leading Physician, Michael A. Savino, M.D., F.A.C.S., it's the premiere, **fast-acting** topical lotion designed to enhance virility quality while intensifying our sensation for the ultimate experience. Since 1998, men have had the option to turn to prescription drugs. But with embarrassing doctor visits required and even worse the potential side effects that have been in the news recently, more and more men are searching for safe alternatives that work. To my intimate knowledge, Maxoderm's targeted delivery system effectively reaches the desired area upon application, maximizing absorption, resulting

in a performance to be proud of each and every time. I'm a huge (and grateful) fan of Maxoderm and trust me, I *know* my husband is too.

Maxoderm IS Instant Male Enhancement.

You can check out Maxoderm by calling **1-800-830-0462** or going to **www.getmaxoderm.com**. I know they offer **RISK FREE TRIALS** and even give a **FREE MONTH SUPPLY** with your phone or web order. Oh and best of all, Maxoderm is backed by a **90 day Money Back Guarantee**. You can't beat that!

Delightfully Yours,

Steffanie Seaver

**A \$60 Value
FREE**
*see Reader's Note



READER'S NOTE *MAXODERM RISK FREE OFFER

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Individual results may vary. These statements have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure or prevent any disease. The information featured above has been compiled from actual letters we've received from a few of our many satisfied customers. Customer testimonial results may not be typical. The pen name Dr. Steffanie Seaver is used for privacy purposes. All credentials are actual. AMLE0607

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LEADING PHYSICIAN**

How to Submit a Reunion

The American Legion Magazine publishes reunion notices for veterans. Send notices to *The American Legion Magazine*, Attn: Reunions, P.O. Box 1055, Indianapolis, IN 46206, fax (317) 630-1280 or e-mail reunions@legion.org.

Include the branch of service and complete name of the group, no abbreviations, with your request. The listing also should include the reunion dates and city, along with a contact name, telephone number and e-mail address. Listings are published free of charge.

Due to the large number of reunions, *The American Legion Magazine* will publish a group's listing only once a year. Notices should be sent at least six months prior to the reunion to ensure timely publication.

Other Notices

"In Search Of" is a means of getting in touch with people from your unit to plan a reunion. We do not publish listings that seek people for interviews, research purposes, military photos or help in filing a VA claim. Listings must include the name of the unit from which you seek people, the time period and the location, as well as a contact name,

telephone number and e-mail address. Send notices to *The American Legion Magazine*, Attn: "In Search Of," P.O. Box 1055, Indianapolis, IN 46206, fax (317) 630-1280 or e-mail reunions@legion.org.

The magazine will not publish the names of individuals, only the name of the unit from which you seek people. Listings are published free of charge.

Life Membership notices are published for Legionnaires who have been awarded life memberships by their posts. This does not include a member's own Paid-Up-For-Life membership. Notices must be submitted on official forms, which may be obtained by sending a self-addressed stamped envelope to *The American Legion Magazine*, Attn: Life Memberships, P.O. Box 1055, Indianapolis, IN 46206.

"Comrades in Distress" listings must be approved by the Legion's Veterans Affairs & Rehabilitation division. If you are seeking to verify an injury received during service, contact your Legion department service officer for information on how to publish a notice.

To respond to a "Comrades in Distress" listing, send a letter to *The American Legion Magazine*, Attn: Comrades in Distress, P.O. Box 1055, Indianapolis, IN 46206. Include the listing's CID number in your response.

"Taps" notices are published only for Legionnaires who served as department commanders or national officers.

AIR FORCE/ARMY AIR FORCES

5th AF 90th Bomb Grp "Jolly Rogers," Santa Maria, CA, 9/19-23, Ervin Hartman, (805) 937-1856, ervanna@webtv.net; **8th Recon Tech Sqdn**, Hayward, WI, 10/5-7, Chuck Kinneberg, (507) 775-2093, ckinn@charter.net; **11th Bomb Grp**, Honolulu, 12/5-17, Brenda Fulkerson, (800) 255-4666, 11bga@cox.net; **19th Bomb Assn/19th Bomb Grp/Air Refueling Grp, 14th, 28th, 30th, 32nd, 93rd, 435th & HQ Sqdns**, Orlando, FL, 9/25-28, Jerry Michael, (317) 253-9265, g.michael@sbcglobal.net; **20th AF Guam Grp**, St. Charles, MO, 9/6-10, Carol Blankenship, (636) 724-0372; **39th Ftr Sqdn, 35th Ftr Grp, 40th & 41st Sqdns**, Boise, ID, 9/19-22, Roger Rehn, (530) 644-7346, rolo7346@sbcglobal.net; **48th FS, FIS & FTS**, Ontario, CA, 9/12-16, Joe Onesty, (562) 431-2901, jonesty2@roadrunner.com; **165th Aerial Port (Savannah, GA)**, Savannah, GA, 10/19-20, Phillip L. Lightfoot, (912) 692-0592

312th Bomb Grp (L) A-20 Havocs (WWII), St. Louis, 10/11-14, John T. Happy, (863) 439-6657, jtbh; **384th Air Refueling Sqdn**, Moncks Corner, SC, 10/4-7, Kenneth H. Godstrey, (301) 464-1150, kengodstrey@comcast.net; **450th Bomb Grp (H) "Cottontails" (WWII)**, Branson, MO, 10/3-7, Al Goodman, (847) 543-8381, gobara@aol.com; **459th Bomb Grp (H) 756th, 757th, 758th, 759th Bomb Sqdn Grp HQ (WWII)**, Indianapolis, 9/26-30, Jeff Rollison, (812) 847-9263, retired@nccci.net; **504th Bomb Grp 20th AF (WWII)**, Albuquerque, NM, 9/5-9, Tom Schoolcraft, (830) 303-5732, thomaseschoolcraft@sbcglobal.net; **906th Air Refueling Sqdn (1958-2007)**, Dallas, 9/13-16, Kemp Martin, (713) 467-5435, kmartin1@pdq.net; **HQ Sqdn 317th TCW (1951-1954)**, Branson, MO, 9/27-30, Wilson O. Baker, (479) 273-2693, wob1203@cox.net; **Johnson AB (Japan)**, Fairborn, OH, 9/27-30, Keith Swinehart, (303) 814-0800, keith@hrnet.org; **Memphis Municipal Apt (All Units & Civ Employees, 1950-**

1965), Pickwick, TN, 10/26, Al Jones, (913) 381-0982, kwawjones@everestkc.net; **Night Ftr Sqdns (WWII)**, Reading, PA, 9/17-20, Richard Ziebart, (269) 429-0208, llzrhz@ameritech.net; **OCS**, Tucson, AZ, 11/11-15, Dave Mason, (910) 287-1754, blokemason@atmc.net; **P-47 Thunderbolt (Jug) Pilots (WWII)**, Mesa, AZ, 10/29-11/1, Dorothy Roush, (623) 214-9214; **Redhorse Assn**, Fort Walton Beach, FL, 10/28-11/1, Greg MacDougal, (912) 884-7273, president@redhorseassn.org; **SCARWAF 801st Eng Avn Bn**, Memphis, TN, 9/27-29, Bill Dowd, (563) 569-8291

ARMY

1st Inf Div B Btry 1/5 Arty (Vietnam, Oct 1967-Oct 1968), Cibola, TX, 9/15, J.G. Saldivar, (210) 860-9392, jgsald@aol.com; **2-70th Armd Vets (All Eras)**, Fort Knox, KY, 7/21-22, Steve Fixler, (630) 855-6372, sfixler@hotmail.com; **2nd Bn 3rd Arty Serv Btry 3rd Armd Div (Kirchgoens, Germany, 1964-1967)**, Gatlinburg, TN, 9/21-24, Robert L. Oliver, (423) 753-2536, robert.l.oliver@comcast.net; **3rd Bn 1st Inf 11th Inf Bde (Hawaii & Vietnam, 1966-1969)**, Atlanta, 10/19-21, Tim Cook, (701) 774-0598, thirdfirstreunion@yahoo.com; **4th Inf Div 3/12 Charlie Co (Vietnam, 1966-1967)**, Harrisburg, IL, 8/31-9/3, Oliver Butler, (618) 253-7091; **4th Sqdn 7th Cav (Desert Shield/Storm)**, Radcliff, KY, 8/31-9/1, Ray Starmann, saber2actual@verizon.net; **6th Inf Div (All Units)**, Davenport, IA, 9/12-16, Russ McLogan, (517) 437-2768, terruspress@dmci.net

8th Army 304th Sig Wire Co (Seoul, Korea, 1953-1954), Emil De Luccia, (973) 897-8636, emil0408@msn.com; **14th Armd Div (WWII)**, Springfield, IL, 9/6-9, H.H. Kiehne, (608) 785-1931; **14th Inf Rgt 25th Div (Korea, 1950-1953)**, Logansport, IN, Keith Walker, (574) 722-1069; **17th Inf Rgt**, New London, CT, 9/19-22, Donald Shook, (724) 367-1096, deshook@7thinfantry.com; **24th Inf Rgt**, Baton Rouge, LA, 7/18-22, Wilfred Matthews, (337) 477-4508,

wm24thinfrct@aol.com; **27th ATG - 310th, 311th, 312th & 325th Ferrying Sqds, 86th, 87th, 320th & 321st Trans Sqds, 519th & 520th Serv Sqds**, Washington, 9/27-29, Fred Garcia, (602) 878-7007; **33rd Inf Rgt Cbt Team Assn (Panama)**, Altamonte Springs, FL, 10/3-7, Frank Ryan, (516) 541-3891, dolphindriver98@yahoo.com; **39th, 4th & 60th AAA (AW)**, Minneapolis, 10/10-14, Victor Yanisch, (651) 455-4684, vyanisch@aol.com; **44th Inf Div (IL Nat'l Guard, 1946-1954)**, Peoria, IL, 10/19-21, Howard Ferrill, (817) 579-1608, hferill12@ieee.org; **73rd AAA AW Bn (SP)**, Pigeon Forge, TN, 9/26-29, Harry Walters, (574) 255-4471; **79th Inf 314th Rgt**, Indianapolis, 9/27-30, Janet Cline, clinej@clinton.k12.in.us; **100th Inf Div**, Burlington, VT, 9/6-9, Roland Giduz, (919) 942-2194

101st & 503rd MP Bns, Niagara Falls, NY, 9/1-2, Harvey Miller, (727) 786-3529, fdny158@knology.net; **398th AAA AW Bn (Korea)**, Branson, MO, 11/4-7, Arlie Schemmer, (636) 228-4474; **406th Eng (Karl'sue, Germany, 1951-1954)**, Branson, MO, 9/11-15, Lawrence Findlay, (320) 265-6393; **518th Ord MM Co (Korea)**, Indianapolis, 9/18-20, James B. Newcomer, (765) 643-9305, jimnorma@juno.com; **534th Eng Boat & Shore Rgt (WWII)**, Fort Mitchell, KY, 10/9-12, Carol Waters, (636) 938-4132, cmw21051@aol.com; **546th AAA Bn**, Dakota Dunes, SD, 9/13-15, Kenneth Lubben, (712) 546-5540; **553rd FA Bn 18th Arty (Fort Sill, OK & Darmstadt, Germany, 1956-1959)**, Amarillo, TX, 9/11-13, Carroll Dewees, (337) 474-8054, fdeweess1@prodigy.net; **630th Eng Light Equip Co (Korea)**, Branson, MO, 9/9-12, Oscar Viehland, (636) 285-4402, ogvccv@ruralcom.net

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JOINT

All Vets, El Dorado, KS, 7/20-22, Rick Baker, (316) 304-8938; **Korean Vets Reunion Assn NE,** Omaha, NE, 8/24-26, Marion Charron, (402) 398-1179; **Shemya Island, AK, Personnel (1955-1960),** Indianapolis, 10/5-7, Cecil Sprinkle, (317) 856-9775, fdk1942@aol.com

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90th Seabees (Iwo Jima & Japan, WWII), Washington, PA, 9/20-22, Alexander Hamilton, (724) 345-3718, arh@pulsenet.com; **593rd Seabees,** Deerfield, IL, 9/20-24, William J. Fitzpatrick, (321) 784-1088, williammacfittz@bellsouth.net; **AE Sailors Assn - Akutan AE 13, Arctic AOE 8,**

Butte AE 27, Camden AOE 2, Chara AE 31, Detroit AOE 4, Diamondhead AE 19, Firedrake AE 14, Flint AE 32, Great Sitkin AE 17, Haeakala AE 25, Kilauea AE 26, Kitmal AE 16, Lassen AE 3, Mauna Kea AE 22, Mauna Loa AE 8, Mazama AE 9, Mount Baker AE 4/34, Mount Hood, AE 11/29, Mount Kiska AE 35, Nitro AE 2/23, Paricutin AE 18, Pyro AE 1/24, Rainier AE 5/AOE 7, Sacramento AOE 1, Sangay AE 10, Santa Barbara AE 28, Seattle AOE 3, Shasta AE 6/33, Supply AOE 6, Suribachi AE 21, Vesuvius AE 15, Virgo AE 30, Wrangell AE 12, Washington, 10/4-8, Jerry King, (626) 339-9793, dd694@verizon.net; **Anzio CVE 57,** Branson, MO, 9/5-9, Ralph D. West, (281) 347-1384; **Ault DD 698 WWII Assn,** Surfside Beach, SC, 10/10-14, Dan Lent, (517) 592-2912, daniellelent@aol.com; **Bache DD 470,** St. Peters, MO, 9/25-30, Kit Hall, (314) 521-9414, skyband@mwmt.net

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Frederick Funston APA 89, Philadelphia, 9/9-12, Walter Schwarting, (262) 367-0055, saltyv10@aol.com; **Glacier AGB 4,** Nashville, TN, 9/12-16, Gordie Wagoner, 4120 Pepperwood Trail, Minnetonka, MN 55305; **Grand Canyon AD/AR 28,** Peabody, MA, 8/23-27, Robert T. Dunn, (317) 881-8866, roberttdunn@sbcglobal.net; **Gregory DD 802,** Fall River, MA, 9/10-14, John Nolta, (707) 964-6138, johnnolta@saber.net; **Gyatt DD 712/DDG 1,** Herndon, VA, 10/10-14, Fred Barata, (304) 599-0917, dd712ddg1@comcast.net; **Hammer DD 718,** Portland, OR, 9/10-12, Jim Tighe, (716) 649-5997, timcushman@gmail.com; **Haynesworth DD 700,** Plymouth Meeting, PA, 10/25-28, Bill Hager, (302) 239-7021, hagher01@verizon.net; **Heermann DD 532,** Branson, MO, 11/10-13, Norman Halverson, (712) 283-2036; **Higbee DD/DDR 806,** Chicago, 9/19-23, Gil Rodello, (541) 747-1408, gilrodhigbee@comcast.net; **Hinsdale APA 120,** Branson, MO, 9/11-14, Lane Kunath, (712) 580-3323, klk7@smunet.net; **Holder DD/DDE 819/DE 401,**

Tucson, AZ, 10/11-14, James de Barrios, (831) 458-9062, ussholder_dde819@hotmail.com; **John Rodgers DD 574,** Mobile, AL, Oct, Jack Mindock, (815) 883-8443; **Joseph Strauss DDG 16,** Colorado Springs, CO, 9/20-23, Jim Hansen, (719) 488-4443, jazhansen@msn.com; **Kephart DE 207/APD 61,** Savannah, GA, 10/21-25, Bill Griggs, (973) 887-2896, bgchops@earthlink.net; **Klondike AD/AR 22,** St. Louis, 9/21-24, Bill Swope, (816) 233-8494, usn64@hotmail.com; **Lexington AVT/CV/CVA/CVS/CVT 16,** San Antonio, 10/23-28, Bill Royer, (717) 859-1234; **Lowndes APA 154 (WWII),** St. Louis, 10/4-7, William Kautz, (815) 344-6326, redlabelbuddha@comcast.net; **Luzon ARG 2,** St. Louis, 10/17-20, John Wise, (610) 670-9625, wise1126@aol.com; **McNair DD 679,** Norfolk, VA, 10/18-21, Arthur Underwood, (319) 472-2724; **Merrick AKA 97,** Nashville, TN, 10/8-11, Stephen Paul, (520) 378-0321, paulhouse2@juno.com

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88, Pensacola, FL, 9/1-8, Fred Pickford, (850) 939-2499, picknpat@aol.com; **Tomich DE 242, Albany, NY, 9/2-7, Harold Roth,** (618) 576-2606, hbroth@618connect.com; **Tripoli LPH 10/CVE 64, Chicago, 10/10-14, Robert G. McAnally,** (866) 237-3137, yujack@megalink.net; **Vammen DE 644, Laughlin, NV, 10/8-11, George Delozier,** (217) 847-2248, gdelozr@frontiernet.net; **VC-3, VJ-3 & VU-3, San Antonio, 10/3-4, Jim Collier,** (512) 243-1787, jim-collier@sbcglobal.net; **VF-92 (All Years), Branson, MO, 10/4-8, Ed Ellstrom,** (303) 833-3103, edell92@mesanetworks.net; **Virgo AKA 20/AE 30, Riverside, CA, 9/19-23, Ken Berry,** (951) 351-0205, kennethb@dslextrema.com; **VR-24 & Dets, Pensacola Beach, FL, 10/30-11/4, Jodi Daron,** (850) 473-0804, jodi@associationsservices.us; **VS-20/21 S2F Era, Seattle, 9/6-9, Phil Erickson,** 2408 243rd Place SW, Bothell, WA 98021, phil.ret@hotmail.com

COMRADES IN DISTRESS

B Co 15th TC Bn (AMS) 1st Cav (Ankhe, Vietnam, May-Aug 1966), Robert A. Ostrowski seeks witnesses to verify injuries received during a mortar attack. CID 1493

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Post 31, CA: Richard Martindale, Clarence Weiss
Post 90, CA: Jess Garcia, Anthony F. Milanes
Post 108, CA: Rodney Plamondon
Post 432, CA: Wilbert E. "Whip" Wilson
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Post 71, MN: Merwin G. Moder
Post 144, NC: Elzie E. Brown, Charles L. Norwood
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IN SEARCH OF

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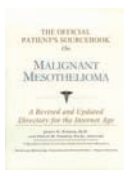
11th ASA Field Stn (FS8611) All Dets (Baumholder, Germany, 1951-1962), Robert Sperling, (315) 866-4325, rasperli@twcny.rr.com
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3181st Sig Serv Bn 10th Army (Okinawa), Anthony L. Droese, (231) 859-4880, jwilliamsen@kaltelnet.net
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D Co 783rd MP Bn (Utah Beach,

Normandy, June 1944), Walter H. Pruiksma, (731) 202-9855
EPMU-6 Det (Okinawa, 1977-1979), Jay Gorrell, (816) 532-8646, gorrelljames@aol.com
NAS Agana, Guam, Crash Crew (1969-1971), Gary LaFollett, (503) 640-8536
Plt 347 Mar Recruit Depot (San Diego, Mar 1968), James Funley, (318) 434-0146
Recruit Co 153 (Great Lakes, IL, June 1957-Aug 1957), Bud Eaton, (386) 586-1279, heaton@cfl.rr.com
Redhorse/Prime Beef (All Units, 1965-2007), Tom Gallagher, (352) 860-1629, tgallag1@tampabay.rr.com
Serv Btry 2nd Bn 75th Arty (Fliegerhorst Kaserne, Germany, June 1971-Jan 1973), Carl Raetz, (716) 471-6302, bigmoose517@aol.com
Undersea Warfare Grp 2, Nav Tng (Warner Springs, CA, 1969), David Scheer, (845) 566-9013

TAPS

Henry L. Bowman, Dept. of Oklahoma. Nat'l Distinguished Guest Cmte Vice Chmn. 2001-2002 and Nat'l Counter-Subversive Activ Cmte. Memb. 2006-2007.
William A. Brennan Jr., Dept. of Indiana. Nat'l Distinguished Guests Cmte. Memb. 1949-1951, Nat'l Housing Cmte. Memb. 1953-1954, Nat'l Mbrshp. & Post Activ. Cmte. Memb. 1955-1957 & 1962-1965, Nat'l Trophies, Awards & Ceremonials Cmte. Vice Chmn. 1956-1957, Nat'l Public Relations Cmsn. Memb. 1957-1960, Dept. Cmdr. 1958-1959, Nat'l Vice Cmdr. 1959-1960, Nat'l Mbrshp. & Post Activ. Cmte. Chmn. 1960-1962 and Nat'l American Legion Endowment Fund Treasurer & Director 1973-1975.
William P. Peterson, Dept. of Montana. Nat'l Veterans Preference Cmte. Consultant 1974-1976, Nat'l Mbrshp. & Activ. Cmte. Memb. 1976-1985, Dept. Cmdr. 1980-1981, Nat'l Exec. Cmte. Memb. Alt. 1983-1985, Nat'l Exec. Cmte. Memb. 1985-1987, Nat'l Internal Affairs Cmsn. Liaison Cmte. Memb. 1986-1987, Nat'l Vice Cmdr. 1987-1988, and Nat'l Legis. Cncl. Memb. 1989-1990 and 1993-1994.
Jay B. Thielen, Dept. of Kansas. Dept. Cmdr. 1978-1979 and Nat'l Distinguished Guests Cmte. Vice Chmn. 1985-1987.
Wendell G. Williams, Dept. of Wisconsin. Nat'l Mbrshp. & Post Activ. Cmte. Memb. 1960-1961, Nat'l Transportation Cmte. Memb. 1960-1961, Nat'l Contest Supervisory Cmte. Nat'l Cmdr.'s Rep. 1972-1975, Nat'l Conv. Cmsn. Consultant 1975-1980, Dept. Cmdr. 1980-1981, Nat'l Conv. Cmsn. Nat'l Cmdr.'s Rep. 1980-1982, Nat'l Conv. Cmsn. Chmn. 1983-1987, and Nat'l Conv. Cmsn. Memb. 1987-2000.

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MY THERAPIST told me the way to achieve inner peace is to finish what I start. So far I've finished two bags of chips and a chocolate cake. I feel better already.

A MOTHER AND FATHER had just given their teenage daughter a key to the family car. On Saturday night she went to a party and returned home late. The next morning her father went out to the driveway to get the newspaper and came back into the house frowning.

At noon, the girl sleepily walked into the kitchen, and her father asked her, "Sweetheart, what time did you get in last night?"

"Not too late, Dad," she nervously replied.

"Well, then," her father said, "I guess I'll have to talk with the paperboy about putting my paper under the front tire of the car."

A MAN WALKED into a gift shop that sold religious items. Near the cash register he saw a display of caps with WWJD printed on all of them. He was puzzled over what the letters meant, so he asked the clerk, who told him the letters stood for "What Would Jesus Do?"

The man thought a moment before replying, "Well, I don't think Jesus would pay \$17.95 for one of these caps."

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"I'd like to get your opinion, sir. Is your wife at home?"



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A NEW SOLDIER was on sentry duty at the main gate. His orders were clear: no car was to enter unless it had a special sticker on the windshield. Soon a large Army vehicle drove up with a general seated in the back. The sentry said, "Halt, who goes there?"

The chauffeur, a corporal, answered, "Gen. Wheeler."

"I'm sorry, I can't let you through. You've got to have a sticker on the windshield."

The general said, "Drive on!"

"You really can't come through. I have orders to shoot if you try driving in without a sticker."

The general repeated, in a loud voice, "I'm telling you, son, drive on!"

The sentry walked up to the rear window and said, "General, I'm new at this. Do I shoot you or the driver?"



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